University of Central Arkansas
IRB Modification Request

UNIVERSITY OF
CENTRAL
ARKANSAS™ | RESEARCH COMPLIANCE

*Forms must be submitted electronically as part of a single .pdf document attached to an updated application. Please submit to **researchcompliance@uca.edu** (paper or handwritten submissions will not be accepted). If this paperwork is not submitted by the PI of the protocol, please copy the PI on the e-mail to document that he/she is aware of this protocol change.*

IRB Number:

Title:

PI Name: **E-mail:**

Phone: **Location:**

The original protocol was approved as one of the following:

Exempt   Full*

Expedited   *Modifications to full review protocols will be reviewed during the monthly IRB Full Board meetings.
                     *Minor modifications need only be reviewed by the IRB Chair and Reseach Compliance Officer.

CHECK ANY CHANGES TO BE MADE TO THE APPROVED PROTOCOL:

☐ Adding a participant group
☐ Removing a participant group
   Changing the number of participants
☐ Adding a new procedure
☐ Changing an approved procedure
☐ Adding or changing recruitment material
☐ Changing the Informed Consent/Assent/Parent-
   Guardian Consent

☐ Changing site location
☐ Changing mailing address, phone numbers
☐ Adding new personnel
☐ Removing personnel
☐ Other (please describe):

***Note: No modifications can be implemented until the IRB has approved your proposed changes.

 Please describe your changes (reasoning, location in application, etc.):

PI Signature: **Date:**

Advisor Signature: **Date:**

OFFICE USE ONLY
Approval for inclusion of this modification into the approved protocol has been granted by the IRB on: _____ and will continue for the current approval period which ends on: _____.

Approval for this change will continue to be effective upon Annual continuation approval or until the protocol is terminated.

_____   _____
Signature of IRB Chair or designee   Date |