*To request changes to your existing protocol, complete this form and submit to* *irb@uwsp.edu**. Include your most recent (and updated) approved protocol application, highlighting the changes requested.*

***After January 21, 2019: The Federal Revised Common Rule requires the transition of protocols approved prior to January 21, 2019 be transitioned to the new rule. Please complete the information below necessary, and transition your existing protocol to a new protocol form. The forms (and supplemental documents) are available on our website. Additional documentation (consent forms, surveys, etc. should also be attached).***

Principal Investigator:

Co-PI (if applicable):

Protocol Number:

Protocol Title:

Current Approval Period Start Date:       Expiration Date:

1. Review your approved protocol and all applicable categories of amendments you are requesting:

[ ]  Change in study title

[ ]  Change in Principal Investigator or Co-PI

[ ]  Change to research design, methods or procedures

[ ]  Change in research site(s)

[ ]  Addition of/change to study population

[ ]  Addition to/change in recruitment

[ ]  Change to deception

[ ]  Change to benefits, incentives or compensation procedures

[ ]  Addition/change in risks to participants

[ ]  Addition/change to informed consent/assent procedure and documents

[ ]  Change and/or addition to identifiable information collected in the study or other information impacting privacy and confidentiality of study participants

[ ]  Change/addition in survey(s), questionnaire(s), or other research instruments

[ ]  Submission of translated materials

2. Please describe the changes you are proposing. Please address all of the questions in each section of your current application as checked above, to provide sufficient information for the IRB to review the request.

3. Please justify the reasons you are requesting the changes.

4. How will the proposed changes have an impact on the risks or benefits to research participants?

[ ]  I agree to conduct this study in accordance with federal IRB regulations and applicable institutional policies. I will not implement the aforementioned changes until IRB approval is granted.

Electronic signatures are acceptable when submitted to irb@uwsp.edu from a UWSP email account.

|  |  |
| --- | --- |
| Principal Investigator Signature |  Date |

|  |  |
| --- | --- |
| Faculty Advisor Signature (If applicable) |  Date |

**IRB Use Only Below This Line**

Status: [ ]  Closed [ ]  Extension Requested [ ]  Modification Requested

Original Protocol Review Category: [ ]  Exempt [ ]  Expedited [ ]  Full Board

New Review Category: [ ]  Exempt [ ]  Expedited [ ]  Full Board

Date:

Comments:

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_