

Office of Sponsored Programs & Faculty Development

**INSTITUTIONAL REVIEW BOARD (IRB)  
MODIFICATION REQUEST FORM**

Instructions: Please submit this form to [irb@uwosh.edu](mailto:irb@uwosh.edu) using your UW Oshkosh email account for user authentication. **Please update the current protocol to reflect the changes desired in the modification request**, and submit an electronic copy along with this form for review. \*\*\*To modify research personnel only, please submit the Research Personnel Addition Form.\*\*\*

**Principal Investigator (PI):** \_\_\_\_\_

**Co-PI (if applicable):** \_\_\_\_\_

**Protocol #:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Protocol approval period:** **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**1. Please review your approved protocol and check ALL of the categories of amendments you are requesting:**

- Change in Study Title (Part I)
- Change in Principal Investigator (Part I) \* Please attach training certificate for new personnel
- Change to research design, methods, or procedures (Part II. 1-4, Part V. 1-6) \*Please attach revised instruments
- Change in research site(s) (Part II. 5) \*Please attach letters of support from each new site
- Addition of or change to study population (Part III. 1-5) \*Please attach any revised instruments
- Addition of or change to recruitment (Part IV. 1-4) \* Please attach copy of recruiting materials or script
- Change in deception (Part VI.) \* Please attach debriefing form
- Change to benefits, incentives, or compensation procedures (Part VII. 1-4) \*Attach any revised documents
- Addition of or change in risks to participants (Part VIII. 5-7) \*Attach any revised documents
- Addition of or change to informed consent/assent procedure and documents (Part VIII) \*Please attach documents
- Addition of or change to the identifiers collected in the study, or any other information that would impact the privacy and confidentiality of the study participants (Part IX)
- Addition of or change to survey(s), questionnaire(s), or other research instruments \*Please attach revised instruments
- Submission of Translated Materials \*Please attach all documents with translation certification or translator statement of experience

**2. Please describe the change(s) that you are proposing. Please address all of the questions in each Part/section of your current application, as checked above, to provide sufficient information for the IRB to review the request.**

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

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

- By checking this box and printing my name below, I agree to conduct the project in accordance with federal IRB regulations and all relevant institutional policies. I will not implement the above changes until IRB approval is granted.

**Signature of PI:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**IRB Use Only Below This Line**

**Date:** \_\_\_\_\_

**Status:**  Approved  Not Approved

**Reviewed By:**  Expedited Review  Full Board Review

**Reviewer Comments:** \_\_\_\_\_