**Request for Modification Form**

For office use only

Protocol #:
Date Received:

The Colorado Mesa University (CMU) Institutional Review Board (IRB) must review all projects that involve human participants. Modifications include but are not limited to changes in: (1) investigators or research personnel; (2) purpose/scope of research; (3) recruitment procedures; (4) compensation; (5) subject population; (6) and/or data collection procedures.

**Note:** CMU policy requires that all persons listed on this document show successful completion of training in the protection of human participants in research. Please attach CITI training completion report for all listed persons. This protocol will not be reviewed until all CITI training records are attached. *Further instructions are in red.*

**General Instructions**

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| 1. All submitted protocols must be signed and dated.
2. Student research must be reviewed, signed and dated by the advisor.
3. This form is to be used when a project includes modifications. *Note: If the modification is only extending the length of the approval period, please complete the Request for Continuation Form.*
4. Send completed electronic submission to irb@coloradomesa.edu.
5. To maintain proper record keeping, all communication with the IRB or the IRB Administrator must be through irb@coloradomesa.edu.
6. Questions may be addressed to the IRB Administrator (irb@coloradomesa.edu or (970) 248-1424).
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**Protocol Information**

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| Protocol Number:       |
| Name of Protocol:       |
| Review Determination: Choose an item. |
| Expiration Date on Approval Letter: Click or tap to enter a date. |

**Enrollment Information**

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| Choose an item. |

**Investigator(s) Information**

*NOTE: CMU Investigators should use their CMU email address for IRB documentation and communication.*

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| **Principal Investigator (PI):**       | **Email:**       |
| **Department:**       | **Phone:**       |
| **CITI training number:**       | **CITI Human Subjects expiration date:**       |
| Co-Principal Investigator 1:       | Email:       |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 2:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 3:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 4:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 5:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| *Note: Additional Investigators can be added using the Additional Investigator Form.*  |
| *If Principal Investigator (PI) or Co-PI is a student:* |
| Faculty Advisor/Chair of thesis or dissertation committee:        | CMU Email:       |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |

**Protocol Modifications**

*Provide the information requested below.**All answers below are required.*

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| 1. Will the modification(s) require a change to any appendices (e.g., informed consent, survey materials, recruitment materials, etc.). *If yes, please include a copy of each new/modified appropriate document(s) with your submission.* | Choose Yes or No |
| 2. Will the modification(s) increase any risk or present any new risk (i.e., physical, economic, or psychological)? If yes, please provide a detailed explanation:       | Choose Yes or No |
| 3. Will the modification(s) involve a change in personnel (Principal Investigator or Co-Investigators) or other key personnel? *If yes, please complete and submit the Additional Investigator Form along with this Modification form.* | Choose Yes or No |
| 4. Will the modification(s) involve a change of dates (i.e., Start Date or End Date)? *If yes, please provide a detailed explanation:*       | Choose Yes or No |
| 5. Please list and provide an explanation for any other modifications:       |

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| **Required Signatures:** |
| ***OPTIONS:*** *(1) Insert an image of your signature, such as those freely created and saved through sites like* [*SignWell*](https://www.signwell.com/online-signature/) *OR (2) Print this document, once completed but for signatures, sign, and scan the document with your signature.*  |
| **Principal Investigator (PI) Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
| *IF Primary Investigator (PI) is a student…* |
| **Advisor/Sponsor Signature and Date:** **Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that I have reviewed and approve this student submission. I agree to supervise the research conducted by the student and I am aware that I am the responsible party for this research. I certify that this research will be the conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
| **Advisor:** After reviewing, please send completed protocol package from your CMU e-mail account to irb@coloradomesa.edu.  |

**Email this form to** **irb@coloradomesa.edu****.**