 University of Puerto Rico

Mayagüez Campus

Dean of Academic Affairs

Institutional Review Board

***REQUEST FOR MODIFICATION FORM***

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| --- | --- |
| Protocol number: |  |
| Project title: |  |
| Main researcher: |  |
| Approval Type: | ☐ Expedited |
|  | ☐ Full Board |
| Approval Date: |  |

I. **Modification of research protocol (include any necessary documents along with this form)**

☐ Changes to the project description and justification

☐ Changes to the project’s methods

☐ Changes to the informed consent form (include a copy with marked corrections/changes)

☐ Changes to the study’s instruments (include a copy with marked changes)

☐ Changes to the recruitment materials (include a copy with the marked changes)

☐ Changes to participant recruitment--please indicate if they belong to any vulnerable population(s)

1. Describe and justify any changes to the original research proposal

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1. Briefly describe how these changes will affect the risks and benefits to which the participant(s) will be exposed

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**II.** **Personnel changes**

☐ A new member will be integrated to the research staff (include the CITI/NIH certification of every new participant)

☐ A member of the research staff retired

☐ Change in main researcher (include detailed letter by main researcher that explains this change)

**III. Changes in collaborating agencies**

☐ A new agency will be integrated into the research

(please include a support letter from the agency)

☐ A new agency approved funds to perform the investigation (include agency’s letter)

**IV. Signature**

By signing, you are certifying that all of the information provided here is accurate and truthful.

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| Main researcher’s signature |  | Month / Day / Year |

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| Name of professor or advisor (if the researcher is a student) | | |
|  |  |  |
| Professor or advisor’s signature |  | Month / Day / Year |