



University of Puerto Rico
Mayagüez Campus
Dean of Academic Affairs
Institutional Review Board

REQUEST FOR MODIFICATION FORM

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)

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

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

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.

Main researcher's signature

Month / Day / Year

Name of professor or advisor (if the researcher is a student)

Professor or advisor's signature

Month / Day / Year