IRB Modification Form

This form is used to request an amendment or modification to a previously reviewed and approved IRB protocol. Questions can be directed to the IRB Office at [irb@umary.edu](mailto:irb@umary.edu) or 701-355-8037.

\* Required

General Information

1. Primary Contact Name: \*

2. Primary Contact Email: \*

3. Primary Contact Phone:

4. IRB Protocol Number: \*

5. Project Title: \*

6. Is this project being funded by an external funding agency? \*

No

Yes

7. If yes, what agency? \*

8. Is this project: \*

Student project

Faculty/Staff project

External Project

Project Oversight - Student Projects

Please enter your project advisor/research committee chair's name and email below. (S)he will be required to review and approve your modification request before IRB reviews it.

9. Project Advisor (Full name & credentials.) \*

10. Project Advisor Email \*

Current Status of Project

11. What is the current status of this project? \*

Project currently in progress

Project not yet started. No subjects enrolled.

Other:

Proposed Modifications

Modifications include, but are not limited to, changes in: investigators or research team members, purpose/scope of research, recruitment procedures, compensation, subject population, data collection procedures, surveys or other data forms.

12. Described the proposed modification(s). \*

13. Explain the justification for these modifications. \*

14. Will the modification(s) require a change to any appendices (Informed Consent, Survey, Recruitment Materials, etc?) \*

Yes

No

15. If yes, attach modified documents. Max 10 files; 10 MB each. \*

Upload file(s)

File number limit: 10 Single file size limit: 10MB Allowed file types: Word,Excel,PPT,PDF,Image,Video,Audio

16. Will the modification involve a change in research personnel? \*

Yes

No

Changes to Project Investigators

Please list all the project personnel who will be added or removed. Skip if answered “no” above.

17. Are you adding new personnel to this project? \*

Yes

No

18. List the names of all the personnel you would like to add here. \*

19. List the email(s) for the new personnel. If multiple, please separate each email with a semicolon. \*

20. I confirm that the new personnel uploaded their CITI Training Certificate to the IRB Canvas site. I understand that they must do so prior to this modification request being reviewed. \*

Yes

21. Are you removing personnel from this project? \*

Yes

No

Personnel to Remove

Skip if “no” to above question.

22. List the names of all the personnel you would like to remove here. \*

23. List the email(s) for the removed personnel. If multiple, please separate each email with a semicolon. \*

Risks

24. Will the modification(s) increase any risks or present any new risks (physical, emotional, or psychological)?

Yes

No

25. If yes, provide a detailed explanation and how you will minimize the risks to participants. \*