# Certification for Project Changes

## for Research Involving Human Subjects

Project Title Click here to enter text. IRB Number: Click here to enter text.

Faculty/Staff Investigator

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

Student Investigator, If applicable:

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number Click here to enter text. Email: Click here to enter text.

Project Status:

A = Active – Project ongoing

Changes are planned. Please complete the section below.

Notification of Changes: Please check the appropriate boxes below and provide additional information where appropriate (e.g. new title, new PI, description of changes, etc.)

A. Change the project title

B. Change(s) of principal or co-principal investigator(s), or other collaborators.

C. Change(s) to project which will effect participation of human subjects

D. Change(s) to informed consent forms and/or assent form(s)

E. Additional locations for conducting project

F. Unexpected risks to subjects, please give details

G. Other (please explain: i.e., unanticipated problems/adverse events)

The primary principal investigator must sign this form.



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

IRB Use Only

Continuation of Research Approved (no modifications)

Continuation of Research Approved (with the following modifications) (Explain)

Continuation of Research Suspended or Terminated (Explain)

(IRB Administrator will complete the Project Termination/Suspension Form)

Next Review Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

cc Provost/Vice President for Academic Affairs

Principal Investigator

IRB Committee Chair