Pursuant to 45 CFR 46

**MODIFICATION FORM**

# Submit with signatures to the

# Lewis-Clark State College Institutional Review Board

**E-mail application as an attachment to the** **IRB Chair**

Please be sure to attach any revised materials.

Modifications may not be implemented until they have received approval.

***The approval of any modification does not change the original period of approval of your IRB application.***

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Current IRB Approval Number Expiration Date

**Principal Investigator(s):***I acknowledge that this represents an accurate and complete description of my research.*

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Name of Primary PI Signature of PI Date

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Additional Researchers’ Names

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Mailing Address Division

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| --- | --- | --- |
|  |  |  |
| Telephone Number |  | E-mail address (Student's lcmail account) |

**Adviser (complete if PI is a student):** I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human participants are properly protected.

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Name of Adviser (typed) Signature of Adviser Date

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Adviser’s Address Adviser’s e-mail address Telephone

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| Title of Project |

1. Describe in detail the proposed changes, to include any change in title, methodology, sample size, sample population, assent or consent form, recruitment of participants, investigator(s), research sites, etc.

2. Explain the reason for the request if it involves the methodology/study design.

3. Do these requested changes pose additional risks to participants? \_\_\_\_Yes \_\_\_\_No If yes, describe.

4. Submit all materials that are being revised and highlight changes.