WIDENER UNIVERSITY

**INSTITUTIONAL REVIEW BOARD (IRB)**

Request for Change to Approved IRB Application

Report Date: Click or tap here to enter text.

IRB Study #: Click or tap here to enter text.

Original Approval Date: Click or tap here to enter text.

IRB Expiration Date: Click or tap here to enter text.

Title of Study: Click or tap here to enter text.

Principal Investigator(s): Click or tap here to enter text.

Indicate which of the following changes you would like to make in the previously approved study. For each change requested, identify the previously approved protocol and the modification requested. For each requested modification, identify the impact this will have on the risk of those involved in the study. Use the codes in the change in risk column to identify the change(s) in the level of risk.

Please return to [irb@widener.edu](mailto:irb@widener.edu).

|  |  |  |
| --- | --- | --- |
| **Previous Protocol** | **New / Revised Protocol** | **Change in Risk** |
| 1. Project personnel, e.g. PI, faculty supervisor | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 2. Study location (include letter of permission for use of alternative site) | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 3. Data collection materials / measures or apparatus, e.g. questionnaires | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 4. Participant inclusion / exclusion criteria | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 5. Participant recruitment | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 6. Compensation | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 7. Study Procedures / Interventions | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| 8. Other, please specify | | |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

If the protocol modification impacts the consent form, data collection form, or questionnaire, please attach the approved form and the revised form with the changes highlighted throughout.

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Principal investigator’s signature Date

Click or tap here to enter text.

Print principal investigator’s name

If this is a student conducting a research project, please complete, sign, and forward to your research supervisor who will forward to the IRB chairperson.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Faculty supervisor ‘s signature Date

Click or tap here to enter text.

Print faculty supervisor ‘s name

Please submit an electronic copy of the completed form to [irb@widener.edu](mailto:irb@widener.edu). Signed copies of the form must also be submitted electronically and can be scanned as a separate document.

For IRB use only:

Approve proposal modifications

Concerns exist. Request for proposal modifications to be reviewed by the full committee

Request has insufficient information for review