

## IRB MODIFICATION FORM



## SECTION A: General Information

IRB Approval Number:

Project Title:

Principal Investigator(s):

Co-Principal Investigator(s):

Is this research being funded by an external funding agency?

**YES**      **NO**

## SECTION B: Current Status of Project

Project currently in progress.

Project not yet started. No subjects enrolled.

Other (describe):

## SECTION C: Proposed Modifications

*Federal regulations require that research is conducted in accordance with the terms of the IRB approval and that any proposed changes must be reviewed and approved by the IRB prior to implementation, except when necessary to eliminate apparent immediate hazards to the subject in which case the change must be immediately reported. Modifications include all aspects of the research, including changes to investigators and research team members.*

Describe the proposed modification(s), including justification:

Will the modification involve a change in personnel (PI, Co-PI, or key personnel)?

**YES**      **NO**

*If yes, contact the IRB chair (irb@cocc.edu) to provide contact information and online training status.*

Will this modification require a change to any appendices (Informed Consent, Survey, Recruitment Materials, etc.)?

**YES**      **NO**

*If yes, contact the IRB chair (irb@cocc.edu) to provide updated appendices.*

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

**YES**      **NO**

*If yes, provide a detailed explanation and how you will minimize the risks participants:*

**SECTION D: Signatures (Student Projects Only)**

*By signing this form, the faculty adviser attests that (s)he has read the requested modifications submitted for IRB review.*

---

**Principal Investigator  
(PRINT)**

---

**Signature**

---

**Date**

**Submit as a scanned PDF to the IRB Chair at [irb@cocc.edu](mailto:irb@cocc.edu).**