**Springfield Technical Community College IRB**

**APPLICATION FOR PROTOCOL MODIFICATION**

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| Name of Principal Investigator |  | Date |  |
| Address |  |
| Email |  | Phone |  |
| Full title of Protocol |  |

\*Please complete only the applicable sections. Modifications may require that consent forms or other study materials be updated.

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| Section A: Change in the Investigator or Investigator Information (check appropriate column) |
| Changing PI |  | Editing PI |  |
| Adding Co-Investigator |  | Editing Co-Investigator |  |
| Please provide new or edited information: |
| Name |  | Title |  |
| Department |  | Email |  |
| Address |  | Phone |  |
| For anyone being added, has Online Human Subjects Protection Training been completed | Yes |  | \*No |  |
| \*If no, please explain, as all investigators must complete the education requirement prior to submitting the application. |
| Removing Investigators: Please provide names. For additional removals from the study personnel, please submit an attached sheet |
| Name |  | Name |  |
| Name |  | Name |  |

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| Section B: Change in Title of Protocol |
| New Protocol Title |  |

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| Section C: Change in Funding Source Addition \_\_\_\_\_\_ Removal \_\_\_\_\_ |
|  | Proposal |
|  | Funding Pending |
|  | Funded |
|  | Not Awarded (applied for funding, but was not awarded) |
| Title of Grant (if different than IRB title) |
| Sponsor Name and # |  | PI on Grant |  |
| Is the funding from a Federal source: | Yes |  | No |  |

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| Section D: Change in Participant Numbers and/or Site (indicate below whether any changes will be made in the following areas) |
| Change in the number of participants | Yes |  | No |  |
| If yes, please state the number of participants a) currently approved; b) additional requested and c) new total number of participants |
| Current Site(s) |  |
| Current # |  | Additional # Requested |  | New Total # |  |
| Are new Site(s) being added | Yes |  | No |  |
| If yes, please state the number of participants being added to the new site. Attach an extra columns or sheet, if needed |
| New Site Location | Purpose | Number of Participants |
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| Section E: Change in Study Population |
| The age range of the sample | Yes |  | No |  |
| The gender representation of the sample | Yes |  | No |  |
| The racial/ethnic makeup of the sample | Yes |  | No |  |
| The inclusion/exclusion of vulnerable populations | Yes |  | No |  |
| Minors |  | Pregnant Women |  | Prisoners |  | Fetuses |  |
| The inclusion/exclusion of the following groups (check all relevant boxes below) |
| Diminished capacity/Impaired decision-making ability | Yes |  | No |  |
| Economically disadvantaged | Yes |  | No |  |
| Persons not fluent in English | Yes |  | No |  |
| Elderly | Yes |  | No |  |
| STCC Faculty or Staff | Yes |  | No |  |
| STCC students | Yes |  | No |  |

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| Section F: Change in Recruitment |
| Please list and explain the rationale for changes to any recruitment techniques for the study, and submit a copy of the modified recruitment techniques (e.g., advertisements, telephone scripts). |

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| Section G: Modification or Additions to Instruments, Measures, and/or Type of Data Collected |
| Recording of participants via audiotape, videotape, photograph, etc. | Yes |  | No |  |
| Use of deception | Yes |  | No |  |
| Data collection methods | Yes |  | No |  |
| Instrumentation (e.g. surveys, questionnaires, interviews, observational scales, etc.) | Yes |  | No |  |
| Other (Explain Below) | Yes |  | No |  |
| If any of the above changes will be made, explain the rationale for the changes: |

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| Section H: Modification of Methodology and/or Procedures |
| Please list and explain the rationale for any alterations to research methods or study procedures (e.g., sampling method, duration of the study, or duration of participants’ involvement in the study) |

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| Section I: Modification to Consent Form(s) and/or the Process by which Consent is Obtained |
| Is there a change in the type of consent being requested? (standard written consent, waiver or alteration of consent, third part, non-English speaking, assent) | Yes |  | No |  |
| Are there changes to the current consent forms? | Yes |  | No |  |
| Do the changes affect currently enrolled subjects | Yes |  | No |  |
| Are the risks to subjects affected (increased or decreased) by the modification(s)? | Yes |  | No |  |
| If yes, to any of the above statements, please explain modification and rationale for modification. If modifying consent, please attach new consent form. |

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| PRINCIPAL INVESTIGATOR ASSURANCE: As Principal Investigator, I certify that: (please initial all) |
| I will protect the rights and welfare of all human participants  |  |
| Upon approval of this protocol, I agree to conduct this research as detailed in the protocol |  |
| I will request and receive approval from the IRB for any alterations to the current protocol prior to implementing changes  |  |
| I will comply with federal and STCC policies for conducting ethical research, and I will be responsible for ensuring that my co-investigator(s) comply with this protocol. |  |
| Any unexpected, adverse, or otherwise significant events in the course of this study will be promptly reported to the IRB |  |

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| Principal Investigator’s Signature |  |
| PI’s Type Name |  |
| Date Signed |  |