



Institutional Review Board

MODIFICATION REQUEST FORM

Submit this form if requesting a modification to a previously approved protocol. DO NOT IMPLEMENT MODIFICATIONS UNTIL APPROVED.

Principal Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Faculty Advisor (if PI is a student): \_\_\_\_\_ ML: \_\_\_\_\_

IRB#: \_\_\_\_\_ Title: \_\_\_\_\_

Please thoroughly describe all requested modifications and their respective rationales below. Please include any revised or newly added materials, such as recruitment information, informed consent documents, and/or questionnaires. Submit all materials to the IRB by email ([irb@xavier.edu](mailto:irb@xavier.edu)).

I certify that the information on this form is accurate to the best of my knowledge. I also certify that the date provided on this document is accurate and that this form will be submitted in a timely manner.

\_\_\_\_\_  
PI signature (typed name acceptable if emailing) Date

\_\_\_\_\_  
Faculty Advisor signature (if PI is a student) Date

The IRB will review this information and notify the PI (and faculty advisor for student research) in writing of its determination. DO NOT IMPLEMENT MODIFICATIONS UNTIL APPROVED.