

**PROTOCOL CHANGE FORM**  
**PARKER UNIVERSITY INSTITUTIONAL REVIEW BOARD**

Please complete this form and attach revised research documents for any proposed change to your protocol, consent forms, or any supportive materials (such as advertisements, questionnaires, surveys, etc.). All changes must be highlighted. Any proposed change in protocol affecting human participants must be reviewed and approved by the IRB prior to implementation, except where an immediate change is necessary to eliminate a hazard to the participant.

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

Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Proposal Number:** \_\_\_\_\_ **Approval Date:** \_\_\_\_\_

**THE CURRENT STATUS OF THE PROJECT IS (Check one)**

Project currently in progress. Number of subjects enrolled is: \_\_\_\_\_

Project not yet started. No subjects enrolled.

Project closed to subject entry.

Type of change(s) requesting: Protocol  Proposed Start/Completion Date  Location/Site

1. Briefly describe and explain the reason for the revision or amendment and the justification for the change. Include a copy of affected protocol pages and consent form with specific changes highlighted.

2. Does the change affect the study/subject participation (procedures, risks, costs, etc.)?  Yes  No

Please explain:

3. Does the change affect the consent document?  Yes  No

If yes, include the revised consent form(s) with the changes highlighted, and a clean copy of the revised consent form(s).

By signing below, you are verifying that the information provided in the Human Subjects Review Form and attached information is accurate and that the project will be completed as indicated.

Signatures:

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

Student Adviser (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

**IRB USE ONLY**

Approved  Not Approved  Comments attached

IRB Chair signature \_\_\_\_\_ Date: \_\_\_\_\_