

Research Study Modification Request Form

Section 1: Identifying Information

Project Title:	
Principal Investigator:	
Email:	
Phone:	
University or Organization Affiliation:	

Section 2: Type of Modification

Check all that apply, and attach copies of all updated documentation (i.e. consent forms, questionnaires, recruiting documents, etc.)

- | | |
|--|---|
| <input type="checkbox"/> Change in investigators
<input type="checkbox"/> Change in study design
<input type="checkbox"/> Change in participant cost or compensation
<input type="checkbox"/> Change in participant population
<input type="checkbox"/> Change in questionnaire or survey
<input type="checkbox"/> Change in risks and benefits | <input type="checkbox"/> Change in location or research
<input type="checkbox"/> Change in participant activity
<input type="checkbox"/> Change in recruitment method
<input type="checkbox"/> Change in consent form
<input type="checkbox"/> Change in method of advertisement
<input type="checkbox"/> Other If "Other," please describe below: |
|--|---|

Section 3: Modification Request

Please provide a summary of the changes you want to make to the approved application. Include a rationale for each change.

Section 4: Investigator Changes

Name	University/Organization	Email	Change (Add/Remove)

Section 5: Modification Assurance

- Will the modifications/amendments change the scope or objectives of the study?
The following examples of actions are considered changes: a change in the purpose that was originally approved; a change in data collection method; a change from the previously approved use of participants. Yes No
 - If “yes,” describe how and provide sufficient information/documentation to allow DPS to review and approve prior to implementation.

- Will the modification/amendments change the risks/benefits to DPS? Yes No
 - If “yes,” provide sufficient information/documentation to allow DPS to review and approve prior to implementation.