

**THE UNIVERSITY OF AKRON INSTITUTIONAL REVIEW BOARD
REQUEST FOR CHANGE IN APPROVED PROTOCOL**

A Request for Change must be submitted for any changes in an approved non-exempt research protocol. *A revision to the informed consent document is considered a change in protocol.* The IRB must review and approve all changes before they can be implemented.

Submit the fully-signed document and applicable attachment(s) electronically to irb@uakron.edu. Keep a copy for your files. For questions, contact the IRB via email at irb@uakron.edu or at 330-972-7666.

IRB Application Number:	Protocol Expiration Date: If the expiration date is within 45 days, submit a continuation application instead, detailing any proposed changes.	
Title of Research Project:		
Principal Investigator Name:	Telephone:	
PI Department:	Dept +4 Zip:	Email:

If Principal Investigator is a student, fill in the following:

Home Address:	
Faculty Advisor:	Advisor Dept:

1. Summarize on an attached page, *in detail*, the proposed changes to the protocol. Explain the rationale for the change(s) and discuss the impact of the proposed changes on risks to subjects.
2. Number of subjects accrued to date: _____ Number of subjects to be recruited in the future: _____

ATTACHMENTS – Please provide as applicable:

A. Consent Form(s) - Only submit the consent form(s) if you are proposing changes to it/them. If you are proposing changes to the consent(s), submit 2 copies of the changed form(s), one with all changes noted using bolding, strike-through, or highlighting.	Attached Not applicable (no changes)
B. New or Revised Materials - scripts, surveys, instruments, recruitment materials, etc.	Attached Not applicable

I certify that the above information is accurate and complete:

Signature of Researcher: _____ Date: _____

I have read this protocol and I approve:

Signature of faculty advisor (if applicable): _____ Date: _____