CONCORDIA UNIVERSITY IRVINE

APPENDIX M: MODIFICATION TO APPROVED PROTOCOL

Researcher's Name	
Co-Researcher/s' Name/s	
Researcher/s' CUI Emails (unless not from CUI)	
Researcher/s' Phone Numbers	
Department	
Title of the Project & IRB #	
Date of Original IRB Approval	

Description of changes to the research project:

How do the requested changes impact the level of risk involved for participants?

Have there been any adverse events regarding human participants in your investigation?
☐ No ☐ Yes **If yes, please also complete an Adverse Events Form**

To be completed by the IRB Reviewer

Date Modification Form submitted ☐

Does the modification proposed change the review level? ☐ No ☐ Yes

Is the modification approved? ☐ No ☐ Yes

Notes:

Printed Name IRB Reviewer _____ Date _____

Signature of IRB Reviewer _____