

Today's Date _____ Current Expiration Date _____ SCSU HRPP IRB # _____

Request for Revision Form
(Any change in your research protocol must be submitted in advance to the IRB for approval.)

Identifying Information:

Principal Investigator: _____ Faculty/Staff Student Other
Street Address: _____ Home Phone: _____
City: _____ Work Phone: _____ E-mail: _____
State: _____ Zip: _____ FAX: _____
Department: _____ **Faculty Sponsor:** _____
(For student research)

Project Title: _____

If you are requesting revisions in the protocol referenced above please check below all revisions that apply and **explain each checked item**. Please attach pages and other materials as necessary. Please refer to your original IRB Application to be sure you have considered all revisions under each category listed below. Revisions are requested in the following categories:

- Funding agency/type.
- Description of Research Participants.
- Interventions.
- Data Gathering and Disposition.
- Benefits versus Risk Assessment.
- Privacy and Confidentiality.
- Informed Consent/Assent
- Other (please be specific and provide details).

Signature: Principal Investigator _____ Date _____