

**REQUEST FOR CHANGE IN CAMPUS IRB APPROVAL
UNIVERSITY of MISSOURI - ROLLA (UMRIRB-2)**

Review Requested: Amendment Revision Addendum Other

*This form is not intended to be used for continuing review purposes.

Principal Researcher/Investigator: _____

Research Title: _____

I. Summarize/Itemize requested change(s) & justification: _____

(Do not attach a complete revised protocol - only pertinent changes.)

II. Do changes require a REVISED CONSENT STATEMENT?

NO

YES Attach the newly revised version of the informed consent statement.

III. Do changes require revisions to any other section of the Application to UMR Campus Institutional Review Board for the Protection of Human Subjects in Research?

NO

YES Attach the revisions.

IV. Do changes require revisions to the methods of ensuring anonymity and confidentiality?

NO

YES Attach explanation.

Signature of Researcher/Investigator

Date

Signature of Advisor (If Necessary)

Date

(For Office Use Only)

Exempt Approval Expedited Approval Full Board Approval

Signature, Institutional Review Board

Date

(UMRIRB-2)