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)