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| \\Facwinfile\FACUSERS\JSupple\My Documents\My Pictures\ud letterhead.jpg |  INSTITUTIONAL REVIEW BOARD (IRB) |

**AMENDMENT OR MODIFICATION FOR APPROVED HUMAN SUBJECTS RESEARCH PROJECTS**

**FOR IRB COMMITTEE USE ONLY**

**Term/Year:  Project Identification Number: **

1. **PROJECT OVERVIEW**

**Principal Investigator (PI)**

Name:  Title: 

Institution:  Department: 

Email:  Phone: 

Mailing Address: 

**Faculty Advisor (if student)**

Name:  Title: 

Institution:  Department: 

Email:  Phone**: **

Credentials of Advisor related to project: 

Course Name and Number (for students if applicable): 

**Project Title: **

**Date of Original IRB Approval:** 

**IRB AMENDMENTS OR MODIFICATIONS**

1. Describe the purpose of the amendment or modification:

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2. Describe changes to the procedure (if any):

****

3. Describe changes to recruitment (if any):

****

4. List all consent/research materials affected by this revision (attach a copy of all changed forms with additions highlighted and subtractions noted with strikethrough text and highlighted):

****

1. **CERTIFICATION AND SIGNATURES**

In making this application, I certify that I:

1. Have reviewed all information on the University of Dubuque Institutional Review Board for Human Subjects’ Protection on the Campus Portal at [ww.dbq.edu](http://www.dbq.edu/).
2. Intend to comply with the University of Dubuque IRB policies.
3. Agree to comply with federal, state, and local laws regarding the protection of human participants in research.
4. Will submit any future changes to the research project for IRB review and approval prior to implementation.
5. Agree any adverse events that occur in the course of the study will be promptly reported to the IRB in writing.
6. Understand that records of the participants will be kept for at least three (3) years after the completion of the research for the purpose of IRB inquiries.
7. May begin research when the IRB gives notice of its approval.

**E-Signature of Principal Investigator:  Date: **

Approval by Faculty Advisor (e.g., dissertation, thesis, student study or project involving human subjects’ research):

1. I confirm the accuracy of this application and accept responsibility for the conduct of this research.
2. I will review relevant policies regarding the ethical treatment of human subjects before students begin research.
3. I will exercise reasonable and customary supervision in an attempt to ensure student compliance with the policies for the protection of human subjects at the University of Dubuque.

**E-Signature of Faculty Advisor:  Date: **

1. **CERTIFICATION AND SIGNATURES (continued)**

 **FOR IRB COMMITTEE USE ONLY**

**This application has been reviewed by the University of Dubuque IRB and based on the requirements for the protection of human subjects is…**

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|  | **Approved as Exempt IRB Review – Course Certified**  |
|  | **Approved as Exempt IRB Review** |
|  | **Approved after Expedited IRB Review (committee chair and/or appropriate committee member)**  |
|  | **Requiring Full Review by IRB Committee**  |
|  | **Approved after Full Review by IRB Committee** |
|  | **Conditions that must be met for the above:** |
|  | **In need of further information to reach a decision:** |
|  | **Not approved, based on:** |

**E-Signature of IRB Chair:  Date: **

*Copies of this form are to be kept on file by the IRB Committee and Principal Investigator*