Oklahoma State University Center for Health Sciences
Institutional Review Board
1111 W. 17th St
Tulsa, OK 74107
918-561-1400

Modification of Approved Human Research

Use to request a modification to previously approved research	
IRB Number:	
Protocol Name:	
Investigator:	
Primary Contact:	
Numbers of Subjects Enrolled Locally:	

Does this modification include a change in study personnel? ☐ Yes ☐ No
If yes, if any contact information has changed or any study personnel have been added and are not currently in the IRB database, a **Contact Information Form** must be completed and included with this submission.

Study Status as a Result of this Modification	
☐	Enrollment is suspended. Effective Date: If not previously reported, please explain:
☐	Enrollment is suspended. Request to re-open upon approval of this revision/addition.
☐	Actively enrolling subjects.
☐	Enrollment is permanently closed. Effective Date: - Are subjects receiving active intervention? ☐ Yes ☐ No - Are subjects on long-term follow-up? ☐ Yes ☐ No

Summarize the Modification or Attach a Summary:

Explain what the plan is for communicating these changes to the subject(s). If these changes will not be communicated to subject(s), explain why:

Provide the following when they have been *modified* or are new, and submit to the OSU CHS IRB

Documents	Version # and/or Date (as applicable)	Check Box if Submitting with this Modification
Protocol		☐
Data Collection Instruments (if investigator initiated research)		☐
All written material to be provided to or meant to be seen or heard by subjects, including:		
Evaluation Instruments (to be completed by subjects) and Surveys		☐
Advertisements (printed, audio, and video)		☐
Recruitment Materials (letters, phone scripts, posters)		☐
Consent Documents or Information Sheets		☐
Foreign language version of any written material to be provided to or		☐

meant to be seen or heard by subjects.		
If consent will not be documented in writing, a script of information to be provided orally		☐
Provide the following documents when they exist:		
Grant Application		☐
Investigator's brochure for each investigational drug/biologic		☐
Package insert for each marketed drug/biologic		☐
Product information for each investigational device		☐
Contact Information Form *(for all new individuals and any individuals with updated information)*		☐
Other:		☐
Other:		☐
Other:		☐

Investigator Acknowledgement	
I agree to conduct this Human Research in accordance with applicable regulations and the organization's policies and procedures.	
Investigator Signature	Date