|  |  |  |
| --- | --- | --- |
|  | EASTERN CONNECTICUT STATE UNIVERSITY  Office of the Vice President for Academic Affairs  Gelsi-Young Hall, Willimantic, CT 06226  Ph: 860-465-5245 | CUHSR use only: Protocol # Click or tap here to enter text. |

COMMITTEE ON THE USE OF HUMAN SUBJECTS IN RESEARCH

OHRP IRB00005900 Eastern Connecticut State U IRB #1 Federalwide Assurance FWA00011898

**IRB-6 Change of Protocol Form**

Read these important notes before completing this form:

1. There may be periodic updates to this form, so please be sure to use the current version.
2. Only complete forms will be reviewed.
3. Do not alter this form/convert it to another format (PDF, etc.). Altered forms will not be reviewed.
   1. Tap in the boxes to check/uncheck your selections.
   2. Use the “Click or tap here to enter text” to enter all information. The boxes will adjust to accommodate however much space you need. Do not bold the text you enter in the text boxes.

|  |
| --- |
| **Section 1: General Information** |
| **Name of Principal Investigator:** Click or tap here to enter text.  **Department:** Click or tap here to enter text.  **Email:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text.  **Study title:** Click or tap here to enter text.  **IRB Protocol Number:** Click or tap here to enter text.  **Protocol Expiration Date:** Click or tap here to enter text. |

|  |
| --- |
| **Section 2: Proposed Changes** |
| **1. Describe any proposed changes in research personnel. CITI certificates must be submitted for all new personnel.**  **N/A** Click or tap here to enter text.  **Are CITI certificates attached in the email submission?**  Yes  No  N/A  **2. Describe any proposed changes to funding.**  **N/A** Click or tap here to enter text.  ***Only complete the italicized information below for external (non-ECSU/CSU) funding (federal, state, private, etc.).***  *NOTE: If the PI on the grant/contract is not the PI on the CUHSR protocol, submit an e-mail with this form in which the PI who is receiving the grant acknowledges use of this protocol under the grant****.***  ***Funding Source:*** Click or tap here to enter text.  ***PI of Grant/Contract:*** Click or tap here to enter text.  ***Grant/Contract Title:*** Click or tap here to enter text.  ***FRS Account Number:*** Click or tap here to enter text.  ***OSP Proposal Number:*** Click or tap here to enter text.  ***Grant/Contract Status:***  Pending  Approved  ***You must submit one complete copy of each grant application or contract.***  ***Are grant applications/contracts attached in the email submission?***  Yes  No  **3. Describe any other proposed changes to the protocol (procedure, materials, recruitment, consent process, etc.) indicating why the changes are being requested. Any revised documents as a result of the changes must be submitted (consent form, surveys, etc.).**  **N/A** Click or tap here to enter text.  **Are all revised documents attached in the email submission?**  Yes  No  N/A |