North Park University IRB Protocol Modification Form

Use this form if you are making small modifications to a current IRB approved research project. If you think the changes are substantial then you will need to submit a new IRB application.

Prot	cocol Tile: (Include the full protocol title from your original application.)
	cipal Investigator: (Include Name, Department, Telephone Number, and E-mail ress)
Original Approval Date: (This can be found on your approved PDF.)	
Changes: (Write a brief narrative of the proposed changes or modifications to your protocol. Make sure to explain why these are being done. Keep the boxes you checked in mind and make sure to address each of them in this narrative explanation.)	
	Check the box of any changes being made
	Inclusion and exclusion criteria
	Data collection methodology
	Data storage
	Consent process
	Participant privacy, risks, or vulnerability
Signature of principal Investigator: Date:	