



**IRB007 Request for IRB Re-Approval of Research and/or Review of Change in Research Protocol Form**

Date: \_\_\_\_\_ Proposal ID No.: \_\_\_\_\_  
(Assigned by IRB)

Gratz College

**Request for IRB Re-Approval of Research and/or Review of Change in Research Protocol**

Date of Original Submission: \_\_\_\_\_

1. Title of Research Proposal: \_\_\_\_\_

\_\_\_\_\_

2. Principal Investigator: \_\_\_\_\_ Faculty Advisor (if student proposal): \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Additional Investigator(s): \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

3. Duration of Study: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

4. Institution Sponsoring Study: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

5. Other Institution(s) Requiring Re-Approval: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

6. Request for Re-Approval of Research:  *Please attach a copy of a progress report to this form.*

7. Request for Review of Change in Research Protocol:

- Not requested       Requested previously by IRB       Requested by researchers

Review of Change in:  Study design     Procedures     Sampling     Other

*Please attach a description and explanation of the changes as well as a rationale for the request.*

8. Signatures:

_____ Principal Investigator	_____ Date
_____ Additional Investigators	_____ Date
_____ Program Director	_____ Date