



THE RESEARCH FOUNDATION
The State University of New York
Buffalo State College

Protocol # _____

**REQUEST FOR CHANGES TO A PROTOCOL APPROVED
BY THE INSTITUTIONAL REVIEW BOARD (IRB)**

Researcher/Project Director: _____ Ext.: _____

Building/Room No.: _____ E-mail: _____

Faculty Sponsor (for student projects): _____

Project Title: _____

Project Dates: _____ to _____ Date of Submission: _____

Check one: Thesis Dissertation Faculty Research Student Research

Project Funding Source: _____

Nature of the requested changes (please check all that apply):

- Addition/deletion/substitution of items/scales/measures
- Change in recruitment strategy
- Change in procedure other than noted above
- Change in data storage
- Change in population, including an increase in sample size
- Change in site of study
- Other: _____

Please attach a detailed explanation of the nature of the changes, specifically addressing how these changes alter the risk to human participants.

Project Director's Certification
Program Involving HUMAN SUBJECTS

The proposed investigation (*research or training program*) involves the use of human subjects and I am submitting the complete application form and description of the project to the Institutional Review Board for Research Involving Human Subjects.

If the Board grants approval of this application, I agree to:

1. Abide by any conditions or changes in the project required by the Board.
2. Report to the Board any change in the research plan which affects the method of using human subjects before such change is instituted.
3. Report to the Board any problems which arise in connection with the use of human subjects.
4. Seek advice of the Board whenever I believe such advice is necessary or would be helpful.
5. Secure the informed, written consent of all human subjects participating in the project.
6. Cooperate with the Board designated in its effort to provide a continuing review after investigations have been initiated.

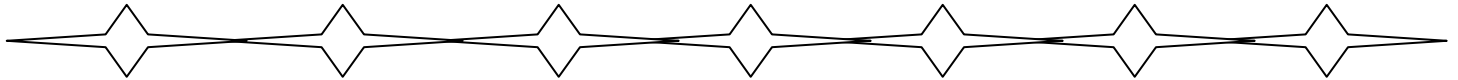
I have reviewed the Federal and State regulations concerning the use of human subjects in research and training programs and the guidelines of the State University College at Buffalo. I agree to abide by the regulations and guidelines aforementioned and will adhere to policies and procedures described in my application. I understand that changes to the research must be approved by the IRB before they are implemented.

Signature of Project Director

Signature of Faculty Sponsor

Date

Date



ACTION OF REVIEW BOARD

The Institutional Review Board for Research Involving Human Subjects has reviewed this application for changes to the approved protocol to ascertain whether or not the proposed changes substantially alter the risks to human participants as described in the original protocol.

BOARD DISPOSITION:

- Approved
- Disapproved (Due to substantial changes, please submit a new protocol.)
- Requested additional information

Comments:

Chairperson, Institutional Review Board

Date