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|  |    | Grand Canyon UniversityCollege of Doctoral Studies3300 W. Camelback RoadPhoenix, AZ 85017Phone: (602)639-7804Email: irb@gcu.edu |

 **MODIFICATION FORM – HUMAN SUBJECTS**

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|  **INVESTIGATOR INFORMATION** |
| **PROTOCOL TITLE:**       | **DEPARTMENT/****CENTER:** |
| **CAMPUS ADDRESS:** | **PHONE:****EMAIL:** |
| **CO-INVESTIGATORS:** |  |
| **TYPE OF MODIFICATION (CHECK ALL THAT APPLY)****Please upload any revised documents (forms, scripts, etc). Upload a brief summary of the proposed changes as well as a justification.**  |
| [ ]  | New Procedures | Upload a description of the new procedures and a revised consent form.       |
| [ ]  | Study Title Change | What is the new title?       |
| [ ]  | Change in Study Personnel | [ ]  Add (include the name, role, and contact information. Include copies of training certificates.     **[ ]** Delete  |
| [ ]  | Change of Site | [ ]  Add (include the name and location. If this changes the enrollment that should be noted below.)      [ ]  Modify[ ]  Delete |
| [ ]  | Change in Enrollment | Upload a narrative justifying the change. If this will affect the consent, send a revised consent form as well.       |
| [ ]  | Consent Change | Upload a copy and describe the change(s).       |
| [ ]  | Advertisement | Upload copies of the advertisement or announcement.       |
| [ ]  | Instruments (surveys, questionnaires, interviews, etc) | Upload copies of the proposed instruments and describe any changes from the approved protocol. If you are adding or deleting any instruments or items to an instrument, describe what the changes are and submit the revised materials.       |
| [ ]  | Other | Describe the changes. If this affects the consent process, submit a revised consent form.       |
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