

**Tarrant County College District
Institutional Review Board
Study Modification Form**

IRB #:

The submission of a modification form is required whenever **any changes** are made to an approved project. This includes, but is not limited to, changes in: (a) title, (b) investigators, (c) funding source, (d) data collection methods, (e) recruitment materials, (f) confidentiality measures or (g) test instruments.

Please note: All changes must be submitted and approved by the IRB **prior to** their implementation unless the change is necessary to protect the safety of participants. Email forms and supporting documentation to: irb.irpe2@tccd.edu.

1. Study Title:**2. Principal Investigator:****Department:****Phone:****Email:****3. Materials revised/amended/added:**

- Protocol – if checked, attach one copy of last approved protocol, with any deletions highlighted, and one copy of revised/amended protocol with any revisions or amendments highlighted.
- Consent Form(s) – if checked, attach one copy of last approved consent form(s) with any deletions highlighted and one copy of revised/amended consent form(s) with any revisions or amendments highlighted.
- Other (Identify):

4. Provide a descriptive summary of the changes and a reason for each change:**5. Will the revision/amendment/addition change the scope or research objectives of the project?** No Yes

If yes, please describe: