

UNIVERSITY OF CINCINNATI MEDICAL CENTER
INSTITUTIONAL REVIEW BOARD

REQUEST TO REVISE AN APPROVED PROTOCOL/INFORMED CONSENT
SUBMIT WITH THE REVISED PROTOCOL AND/OR REVISED CONSENT FORM

TITLE OF RESEARCH PROTOCOL: _____

IRB PROTOCOL # _____

PRINCIPAL INVESTIGATOR _____

DEPARTMENT: _____ MAIL LOCATION: _____

CONTACT'S NAME & TELEPHONE NUMBER(S) _____

Briefly outline and give justification for revision. (If additional space is needed please use reverse side).

Does the revision increase the risk to the subject? If yes, please describe. Does the revision necessitate changes in the informed consent statement? If yes, please incorporate them into the consent document, **clearly delineating by bolding or underlining (not highlighted) exactly where they occur, and forward a complete copy along with your request.**

Signature of Principal Investigator

Date