**Stephen F. Austin State University IRB**

**IRB EXTENSION/MODIFICATION REQUEST**

**Date:**  Click here to enter text.

**Principal Investigator:**  Click here to enter text.

**Department:**  Click here to enter text.

**IRB #:**  Click here to enter text.

**Project Title:**  Click here to enter text.

**Original Approval Date:**  Click here to enter text.

**Please complete all sections as appropriate and submit to irb@sfasu.edu.**

**IDENTIFICATION OF CHANGE(S)**

Extend the study one more year

Change in Title of Protocol

Resubmission to Grant/Contract Agency

Change in Extramural Sponsor

Change in Cooperating Institution

Change in Study Design

Change in investigators, faculty or staff:

Change In Risk/Benefit Ratio (e.g., emergence of new side effects)

Change in Subject Reimbursement

Change in procedures

Change in sample size

Change in eligibility criteria

Change in exclusion criteria

Change in recruitment procedures

Alteration of study groups

Other: Click here to enter text.

Explain any related changes: Click here to enter text.

Explain rationale for changes: Click here to enter text.

**ELECTRONIC ENCLOSURES AS NEEDED FOR CHANGES INDICATED:**

Revised Informed Consent Form(s)

Letter from Sponsor

Letter from Investigators indicating their removal or addition to study

Revised Protocol

Revised Investigator's Brochure

Other: Click here to enter text.

# SIGNATURE OF PRINCIPAL INVESTIGATOR

Click here to enter text. Click here to enter text.

Principal Investigator Signature Date

(Electronic submission of this

form by PI indicates signature)