**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)