

INSTITUTIONAL REVIEW BOARD

APPLICATION FOR APPROVAL TO USE HUMAN SUBJECTS IN RESEARCH

REVISION REQUEST

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| **STUDY/ THESIS/ DISSERTATION TITLE** |
| **Title:** |
| **Protocol #:** |
| **Protocol Expiration Date (found on stamped consent form):** |

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| **PRINCIPAL INVESTIGATOR & PROTOCOL INFORMATION** | |
| **Principal Investigator** *(Must be a faculty/staff member at the University of New Haven:* | |
| Title: | |
| Department/Division/Unit : | |
| Phone: | UNH Email: |
| **Check all that apply:** | |
| Faculty | Staff |
| **This research is for:** | |
| Scholarship | Master’s Thesis |
| Undergraduate Research | Graduate Research |
| Senior Thesis | Honor’s Thesis |
| Doctoral Dissertation | Institutional Monitoring Research |
| SURF | Other: |

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| **ASSOCIATED PERSONNEL INFORMATION** | |
| **Co-Researcher(s):** | |
| Organization (if non-University of New Haven): | |
| Department/Division/Unit: | |
| Phone: | UNH/Other Email: |
| **Check all that apply:** | |
| Faculty | Graduate Student |
| Staff | Undergraduate Student |
| **Research Advisor/Mentor(s) if different from PI:** | |
| Organization/Department/Division/Unit: | |
| Phone: | UNH/Other Email: |
| **Non-Key Personnel** *(Reader, Assistant, etc.)***:** | |
| Organization/Department/Division/Unit: | |
| Phone: | UNH/ Other Email: |
| **Consultant/Methodologist** *(required for PhD candidates)***:** | |
| Organization/Department/Division/Unit: | |
| Phone: | UNH/ Other Email: |
| ***Note:*** *The IRB will not review protocols submitted by students without the signature of a faculty advisor on signature page.* | |

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| **FUNDING SOURCE** |
| **Will you be seeking non-university or outside funding for the research?**  No  Yes *(Complete section below)* |
| **Grant Name/Funding Source:** |
| **Funding Period (Month & Year):** |

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| --- | --- |
| **Please select which sections are being revised in this request:** | |
| Funding Agency  Project Information  Recruitment of Research Participants  Interventions  Data Gathering and Disposition  Risk/Benefit Analysis | Anonymity, Privacy, and Confidentiality  Informed Consent, Assent, Parental Permission  Other *(Please Specify)*: |
| **Explain revision for each checked section. Attach new pages and materials as necessary. When possible, refer to your original IRB application:** | |

**The faculty sponsor's signature indicates that they have reviewed this application and accept the responsibility of ensuring that the procedures approved by the IRB are followed.**

**SIGNATURES**

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| --- | --- |
| PI Signature: | Date: |
| Co-PI Signature: | Date: |
| Faculty Advisor Signature: | Date: |

**Add further signatures below as needed:**

**Please email all applications and supporting documents to**

**IRB Chair at** [**IRB@newhaven.edu**](mailto:IRB@newhaven.edu)

**OR**

[**IRBExempt@newhaven.edu**](mailto:IRBExempt@newhaven.edu) **if revising an exempt study**

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| **FOR IRB USE ONLY:** |
| Date Received: |
| Protocol #: |
| Revision Type: |
| Comments: |
| Decision: |
| Date Revision Requested: |
| Nature of Revision: |
| Date Revision Received: |
| Date Completed: |