Request for Modifications

**For Use with eCompliance**

**Upload this form to the Basic Information page in eCompliance, Question #8**

HRPP #: Click here to enter text.

Principal Investigator (PI): Click here to enter text.

1. **Please select ALL the categories of modification(s) you are requesting.**

[ ] Change in Study Title

[ ] Change in Principal Investigator

[ ] Addition of/change in research personnel (All study staff must be added as study staff in eCompliance. Please contact HRPP if they are not in the system.)

[ ] Change to research/study design, methods or procedures (e.g., observations, interventions, collection of biological samples or biometric information, participant tasks, etc.)

[ ] Addition of/change to study population

[ ] Addition of/change to recruitment or compensation procedure(s)

[ ] Addition of/change to survey(s), questionnaire(s), or other research instruments

[ ] Addition of/change to the identifiers collected in the study, or any others that would impact the privacy and confidentiality of the study participants

[ ] Addition of/change to informed consent/assent document(s) and/or procedures (Upload consent forms on the “Consent Forms and Recruitment Materials” tab in eCompliance)

[ ] Other changes

1. **For each of the above categories you selected to change, please describe the change you are proposing**. Click here to enter text.
2. **Please state the reasons you are making modifications to the study.** Click here to enter text.
3. **Are any of these changes the result of something that occurred during human participant interaction or an unexpected event?** [ ] Yes [ ] No Briefly describe the occurrence(s). Click here to enter text.
4. **How will the proposed changes have an impact on the risks or benefits to research participants?** Click here to enter text.