

**University of the Pacific  
Institutional Review Board  
Form for Revision of Human Subjects Research Protocol**



Investigator:	
Project Title:	

*You have indicated that there is a change in your research activities. Please describe this change on this form -- attach any supporting documentation, and additional pages if necessary.*

Number of subjects seen to date	
Number of subjects to be seen in the next 12 months	
Has there been, or will there be, a change of Principal Investigator or other project staff? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:  <div style="height: 150px;"></div>	
What are the planned changes in your research activities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:  <div style="height: 150px;"></div>	
Will your Informed Consent form be revised? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach a copy of the new form.	

**To be Completed by Principal Investigator:**

I certify that the planned changes in the study will not adversely affect the human subjects and that the use of human subjects is in accordance with federal and University regulations. I will present to the IRB for approval any additional proposed modifications in the research activities prior to implementation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**To be Completed by Faculty Advisor (if student project):**

In sponsoring this project, I certify that it has been in compliance with federal and University regulations governing the protection of human subjects, that any revised activities will also be in compliance, and that any additional proposed changes in activities will be submitted to the IRB for review prior to implementation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**To be Completed by IRB Administrator:**

Approved                       Refer to IRB for Review

Signed: \_\_\_\_\_ Date: \_\_\_\_\_