

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**

**OR**

**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:  |