Study Title: Click here to enter text.

VDSS IRB Study Number: Click here to enter text.

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

PI Title and Organization: Click here to enter text.

PI E-Mail Address: Click here to enter text.

PI Telephone Number: Click here to enter text.

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| --- |
| Reason(s) Submitted |

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| --- | --- | --- | --- |
| Research or Sponsor Initiated Modification; Check all the types of modifications you are requesting. | | | |
|  | Purpose of Study |  | Confidentiality Agreement |
|  | Procedures\* |  | Researchers and/or Research Staff |
|  | Subject Population\* |  | Individuals Performing Research Procedures |
|  | Recruitment strategy/materials\* |  | Funding |
|  | Consent/Assent\* |  | Confidentiality of Research Data |
|  | Waiver of Documentation of Consent\* |  | Other -- Please describe |
|  | Waiver of Consent or Waiver/Alteration of Elements of Consent\* |  | Click here to enter text. |

\* These changes must be approved first by the VDSS IRB before being implemented.

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| Use this section to fully describe the modifications to be made and why the change(s) are necessary. If the consent form or other documents shared with the subject (e.g., recruitment ads, information sheet) will change, attach a track changes version of these materials to the application. |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| PI Printed Name | PI Signature | Date Signed |
| Click here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

Complete and submit this form electronically to [irb@dss.virginia.gov](mailto:irb@dss.virginia.gov). Submit any necessary documentation. If you have questions, contact the VDSS IRB by email to [irb@dss.virginia.gov](mailto:irb@dss.virginia.gov).