

HUNTER COLLEGE

OFFICE OF RESEARCH ADMINISTRATION
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REQUEST FOR ADDENDUM/MODIFICATION FOR APPROVED PROTOCOL

IRB PROTOCOL #: HC -	EXPIRATION DATE OF PROTOCOL: _____
PRINCIPAL INVESTIGATOR:	
CO-INVESTIGATOR(S):	
Department:	
Project Title:	
Funding Agency:	
_____ Number of subjects enrolled since study was approved?	
_____ Number of subjects that have withdrawn from the study since study was approved?	
_ Amended/modified informed consent form(s) and/or HIPAA Form(s) <ul style="list-style-type: none">• You must submit:<ul style="list-style-type: none">(a) a copy of the most recent IRB approved consent form(s) and/or HIPAA Form(s),(b) a copy of the revised form(s) with changes highlighted,(c) a clean copy of the revised form(s) for new IRB approval.• You must indicate why these changes are necessary on a separate document.	
_ Change to instrument(s) <ul style="list-style-type: none">• You must submit:<ul style="list-style-type: none">(a) a copy of the most recent IRB approved instrument(s),(b) a copy of the revised instrument(s)• You must indicate why these changes are necessary on a separate document.	
_ Addition of instrument(s) <ul style="list-style-type: none">• You must submit:<ul style="list-style-type: none">(a) new instrument(s).• You must indicate why these additions are necessary on a separate document.	
_ Change in protocol <p>Describe the proposed changes and the implications for increased risks to study subjects on a separate document.</p>	
<i>I certify that the approved protocol, approved method for obtaining informed consent and approved HIPAA forms have been followed and used as applicable to this project.</i>	
Principal Investigator(s) Signature	Date