**Minor Change in IRB-Approved Protocol**

Investigator Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of IRB Approved Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the change you are requesting:

Does this change require:

A revision to the Informed consent (if yes, attached a revised copy).

A revision to your data collection instrument - survey, questionnaire, interview questions, etc. (if yes, attached a revised copy)

A change in study location that requires a revised/new Principal/Administrator Consent (if yes, attached a revised copy)

A change in recruitment materials - e-mails, posters, etc. (if yes, attached a revised copy)

***\*\* Complete this form and submit it for approval to the IRB Office (McClain Hall 203) or e-mail to irb@truman.edu \*\****