New Jersey Department of Health
Office of Commissioner
INSTITUTIONAL REVIEW BOARD

APPLICATION TO MODIFY HUMAN SUBJECTS RESEARCH

IRB ID Number	Project Title	
Principal Investigator	Signature	Date Submitted

Type of Modification

- ☐ **Design**
- ☐ **Procedure**
- ☐ **Methodology**
- ☐ **Instrument**
  Type:
  ☐ Add ☐ Delete ☐ Modify
- ☐ **Study Sites**
  ☐ Add ☐ Delete
- ☐ **Recruitment Materials**
  Type:
  ☐ Add ☐ Delete ☐ Modify
- ☐ **Personnel**
  ☐ Add ☐ Delete
- ☐ **Funding Agency**
  ☐ Add ☐ Delete
- ☐ **Consent**
  ☐ Document
  ☐ Process
  ☐ Add Translation
- ☐ **Research Subjects**
  ☐ Increase Number
  ☐ Decrease Number
  ☐ Change Inclusion Criteria
  ☐ Change Exclusion Criteria
  ☐ Add Source
  ☐ Delete Source
  ☐ Add Vulnerable Population
- ☐ **Other**

1. Provide a detailed description of the requested modification.

2. Provide a justification for the requested modification.

3. Provide a detailed explanation of how the requested modification a) creates a new risk, if any, or b) affects a previously identified risk. Include a detailed description of the risk (e.g., likelihood, magnitude, duration, etc).

4. Provide a detailed explanation of how the requested modification a) creates a new benefit, if any, or b) affects a previously identified benefit. Include a detailed description of the benefit (e.g., likelihood, magnitude, duration, etc).

5. Provide a detailed explanation of how the requested modification will affect currently enrolled research subjects.

6. Provide a detailed explanation of how current research subjects will be re-consented.