

**MAINE BUREAU OF HEALTH
INSTITUTIONAL REVIEW BOARD (IRB)
REQUEST FOR AMENDMENT APPROVAL OF PROTOCOL**

Instructions: Use this form to submit any changes to your research. Please submit this form along with a copy of the protocol, current consent form, and any supporting documents to the IRB Chairperson. Consecutively number all pages, beginning with the title page of the protocol, followed by any consent form(s) and ancillary documents. Complete all applicable items or the form will be returned.

Date Submitted by Investigator:

**PROTOCOL NO.
Date Rec'd IRB**

(For IRB Office Use)

Title of Protocol:

Proposed Dates for Project - Begin: _____ End:

Name of MBOH Employee Serving as Principal Investigator (PI) and Degrees:

Telephone.:

Email Address: _____

Names of Other MBOH Employee Co-investigators (use supplemental page if > than 3):

1. _____
2. _____
3. _____

1. FUNDING (check one)

_____ Funding Mechanism Used:

_____ Cooperative Agreement No(s).:

_____ Contract No(s).:

_____ Grant:

_____ Purchase Order (a.k.a. Simplified Acquisition):

_____ Other funding mechanism:

_____ Memorandum of Understanding (MOU) (With whom):

_____ Interagency Agreement (IAA) (Name of other agency):

_____ Other (Specify type and with whom):

_____ Only MBOH investigators performing study

_____ Collaborative (Non-MBOH investigators & MBOH investigators; no funding involved)

2. Collaborating Sites (Use additional sheets if necessary)

2a. List any collaborating sites by name and location (including state) that were added since _____ last approval:

_____ None added

OPRR Assurance No.

1.

2.

3.

4.

5.

2b. List any collaborating sites by name and location (including state) that were deleted since _____ last approval:

_____ None deleted

1.

2.

3.

4.

5.

3. Description of proposed modification(s) to the protocol:

4. Reasons for proposed modification(s):

Approvals (Signature and Position Title):	Date:	Remarks:
Program Manager:		
Division Director:		
IRB Chairperson:		