



DHA Protocol Modification Request

Please complete this template and upload it, along with all supporting documentation, to your project in IRBNet.
(You may need to click "Enable Editing" on the yellow bar above in order to complete this template)

Submission Date: (Submit completed template to dha.ncr.dha-cs-mgt.mbx.hrpp@mail.mil)

1. Study Information:

Full Study Title:		
CDO #: ¹	IRBNet #:	Vendor #:
Principal Investigator:		PI Affiliation:
PI Phone:		PI email: ²
Government Project Manager:		GPM Affiliation:
GPM Phone:		GPM email:

¹found on original approval memo

²professional email (no gmail, yahoo, hotmail)

2. Requested Modification(s):

Please provide a numbered list of requested modifications (summary of each change):

1.

3. Justification for Modification(s):

Explain the reason for each requested change (match explanation with number from 2 above):

1.

4. Primary IRB Approval:

Have the requested changes been approved by your primary IRB? Yes No N/A

If "yes," then provide the date of the approval and provide a copy of the IRB approval memo

If your requested changes include modifications to informed consent documents, HIPAA authorizations, surveys, questionnaires, scripts, recruitment materials, advertisements, etc., then please provide a copy of the subject document(s) along with this completed template.

Completed by: (Insert Principal Investigator's Attestation in the Boxes Below)

Name:

Institutional Affiliation:

Work email Address:

Date Completed:

Fillable version may be requested by e-mail at dha.ncr.dha-cs-mgt.mbx.hrpp@mail.mil