HRP-813 | 1/1/2024

FORM: Site Modification

Use to request a modification to previously approved site activities.[[1]](#endnote-2)

basic information

|  |  |
| --- | --- |
| **Basic Study Information** | **Study Details** |
| IRB Number: | Click or tap here to enter text. |
| Study Title: | Click or tap here to enter text. |
| Short Title: | Click or tap here to enter text. |
| Site Investigator: | Click or tap here to enter text. |
| Site Primary Contact: | Click or tap here to enter text. |

Site Enrollment Status

**Check all that are true:**

No subjects have been enrolled to date.

Subjects are currently enrolled.

The study is permanently closed to enrollment at my site.

All subjects enrolled at my site have completed all study related interventions and interactions, including interventions and interactions related to collection of long-term follow-up data.

No additional identifiable private information about the subjects is being obtained by me.

Notification of subjects

Current subjects will be notified of these changes.

Former subjects will be notified of these changes.

If either is checked, ensure that the submitted documents describe how current or former subjects will be notified): Click or tap here to enter text.

Site information

Provide the following documents when they exist or are applicable and have been modified:

* Point-by-point response *(For a response to modifications to secure approval, deferral, or disapproval)*
* Evaluation of any Related Financial Interest.
* Written materials to be provided to or meant to be seen or heard by subjects at your site
  + Evaluation instruments and surveys
  + Advertisements *(printed, audio, and video)*
  + Recruitment materials and scripts
  + Consent documents *(The IRB does not require an informed consent document for HUD use.)*
  + If consent will not be documented in writing, a script of information to be provided orally to subjects
  + Foreign language versions of the above
* Site supplement to the main protocol

Investigator Acknowledgement

\_\_\_ I will conduct this protocol in accordance with this IRB’s requirements and any relevant local requirements.

Investigator signature

Date of Signature: Click or tap here to enter text.



1. This document satisfies AAHRPP elements I-9, II.3.A, II.3.C, III.1.B [↑](#endnote-ref-2)