# CHANGE REQUEST FORM

**Any proposed change to your approved project,** **including a change in investigator(s) or key personnel, study methods, Informed Consent Document (ICD), study site, must be reviewed and approved by the appropriate AHU research committees (Research Office, Scientific Review Committee, Institutional Review Board, Environmental Health and Safety Office, and/or External Funding Steering Committee) prior to implementation, except where an immediate change is necessary to eliminate hazard to the participant.**

**Please complete and submit this form to the Research Office by email**

**AHU.Research.Office@ahu.edu**

## (\*mandatory)

**Project Tracking number** \*



**Project Title** \*



Changes request on: \*

Title

Investigator(s) or key personnel

Study Site. Upload the signed study site approval letter

Aim and hypothesis

Sample group, sample size and/or sampling method

Study material and methods (instrumentation for data collection, how the study will be conducted, type of data / samples (where and how the samples will be collected, stored, and analyzed)

Informed Consent Document (ICD). Upload the updated ICD

Other(s). Specify:



Description\*

*Provide a description of the proposed change(s).*

If addition of investigator(s) or key personnel, please specify, name, email address, phone number, status (student, faculty, staff), faculty status (full-time, part-time, adjunct, affiliated), faculty rank level(Professor, Associate, Assistant, Instructor), degree, and department. In addition, upload the required CITI certifications.



### Justification\*

### *Provide justification for the proposed change(s) described above.*



### Additional comments

### *Include any additional comments you deem necessary to better clarify the proposed changes.*



### Additional documents

### *Upload/attach any documents needed for your proposed changes.*



**References**

*List the bibliographical references that support the project changes, if applicable.*

