

REQUEST FOR MODIFICATION / AMENDMENT

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MODIFICATIONS / AMENDMENTS	
 Does this modification/amendment increase risks or decrea 	se benefits to research participants?
□ Yes □ No	
2. Which of the following are changing?	
2. Which of the following are changing?	
☐ Funding ☐ Risks or Benef	
☐ Subjects / Number of Subjects ☐ Methods / Prod	ts □ Personnel
☐ Interviews / Surveys / Tests ☐ Data Security	

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Describe all proposed changes:				
SIGNATURES The undersigned accept(s) responsibility for the study, including adherence to federal, state and OCU policies regarding the rights and welfare of human participants participating in this study. In the case of student researchers, the faculty sponsor(s) and the student share responsibility for adherence to policies.				
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Signatu	ure of Co-Investigator (if applicable)	Date		
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The mo	odification or amendment described above has	s been approved by the OCU Institutional Review Board.		
IRB Re	epresentative / Administrator	Date		
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