**Graphical user interface, text

Description automatically generatedAPPLICATION FOR PROTOCOL CHANGE OR RENEWAL**

**OHIO DEPARTMENT OF HEALTH (ODH)**

**Institutional Review Board (IRB)**

**Instructions: Please fill out the form below and send to the Ohio IRB office for review, along with any required attachments. For fastest review, send items electronically to:** [odhirb@odh.ohio.gov](mailto:odhirb@odh.ohio.gov)

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| 1. **PROJECT TITLE** | | |
|  | | |
| Ohio IRB Case #: |  | |
| Date of most recent approval: | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PRINCIPAL INVESTIGATOR (PI)** | | | | | | | | |
| Name (Last, First): | | |  | | | Degree(s): | |  |
| Title: | | |  | | | | | |
| Agency/Institution: | | | |  | | | | |
| If ODH, Bureau & Div.: | | | |  | | | | |
| Mailing Address: | |  | | | | | | |
| E-mail: |  | | | | Phone: | |  | |

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| --- | --- | --- | --- | --- |
| ADDITIONAL CONTACT(S) | | | | |
| If further information about this application is needed, specify the contact person if other than the PI (e.g., study or regulatory coordinator, research assistant, etc.). | | | | N/A |
| Name (Last, First): |  | Phone: |  | |
| E-mail: |  | Fax: |  | |

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| 1. **REASON FOR REQUEST** | | |
|  | Annual Renewal | Provide a letter explaining the current status of the research and why an extension is necessary. |
|  | Addition of Researcher(s) | Complete the box(es) below and include a signed Confidentiality Agreement and Curriculum Vitae for each new researcher. |

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| --- | --- | --- | --- |
| Name (Last, First): |  | Phone: |  |
| E-mail: |  | Fax: |  |
| Name (Last, First): |  | Phone: |  |
| E-mail: |  | Fax: |  |

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|  | Change to Research | Provide a letter explaining the change and why it is necessary to complete the research. Include both clean and track change copies of any revised documents that are relevant to the change in the protocol, along with any new documentation. |
|  | Other | Provide a letter explaining the nature of your request. Include copies of any new documents that are relevant to the change in the protocol. |