**UNIVERSITY OF HOUSTON DOWNTOWN**

**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

# APPLICATION FOR REVISION

Federal regulations state that IRBs must review and approve any change in a previously approved research project prior to the initiation of the change. This includes any type of change, ranging from a simple change in telephone numbers to a complex change in the study design.

To initiate a revision, the investigator should submit a Request for Revision form, unless the desired revision is major enough to essentially constitute a new study, in which case an Application for New Research should be submitted. Revised materials and documents should be attached to the form, which can also be used to request a review of additional materials or research sites. Please highlight all requested changes to previously approved materials.

A determination of level of review will be made by the CPHS chair upon receipt of the Request for Revision. Strictly administrative changes (such as a telephone number) may be reviewed by the CPHS chair upon receipt. Revisions involving no more than minimal risks to project participants qualify for expedited review under 45 CFR 46.110(b)(2); such reviews can be expected to take 7 to 10 working days. Any request which could affect the original assessment of risks or benefits requires full Committee review at a scheduled meeting and takes longer.

# REQUEST FOR REVISION

CPHS #:

Principal Investigator(s):

Title of Study:

Date the study was approved by CPHS:

1. Description of proposed revisions (check all that apply):

[ ]  Revision to currently approved procedures

[ ]  Revision to currently approved consent forms

[ ]  Other:

2. Check one of the following:

[ ]  This revision does not increase risks to participants enrolled in this study

[ ]  This revision does increase risks to participants enrolled in this study (Include explanation in revision description)

Describe proposed revisions in lay terms:

*Attach revised descriptions of procedures and/or revised or additional forms (highlight changes).*

Sign to accept responsibility for the accuracy of the information provided:

Principal Investigator:

Date:

Faculty Sponsor:

(Required for students)

Date:

[ ]  Approved [ ]  Not Approved

[ ]  Contingently Approved [ ]  Referred for Full Committee Review

[ ]  Referred for Standard Review

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Chair, Committee for the Protection of Human Subjects Date

**For CPHS USE ONLY:**

**Reviewer(s) – Check the one you recommend:**

[ ]  Approve [ ]  Not Approve

[ ]  Contingently Approve [ ]  Full Committee

Reviewer Comments:

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CPHS Reviewer’s Signature Date