**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