

Written Request for Changes in Research Plan

Receipt Number		Date of IRB Approval			
Approved Number					
Name of Research Project	Before Change				
	After Change				
Researcher	Lead Researcher	Name	Organization	Title	Major
	Phone:		Fax:		E-mail:
	Co-Researcher	Name	Organization	Title	Major
Client	Name of Company				
Changes	<input type="checkbox"/> Research Title <input type="checkbox"/> Leader Researcher <input type="checkbox"/> Co-Researcher <input type="checkbox"/> Research Nurse <input type="checkbox"/> Managing Pharmacists <input type="checkbox"/> Research Period <input type="checkbox"/> Number of Human Research Subject <input type="checkbox"/> Client Organization <input type="checkbox"/> Research Proposal <input type="checkbox"/> Explanatory Note for Human Research Subject and Consent Form <input type="checkbox"/> Others				
Reasons for Changes (attach checklist on the changes)					

We submit written request for changes in the research plan as above.

Name & Signature of Lead Researcher

Date

Checklist on Changes

Changed Items	Before Change	After Change	Reasons for Change Describe adverse effacement caused by original proposal, describe expected adverse effacement caused by the change