PI Name:		IRB2 Tracking No.:	
Protocol Title:			

1. Are you requesting changes to personnel staff? If yes, list all staff changes below and attach copies of the required IRB training certificate(s) for newly added personnel.	Yes No

2. Are you requesting changes to: research activities, study instruments, recruitment materials, and/or other previously-approved documents?	Yes No
If yes, summarize all proposed changes addressing why these changes are necessary and whether these changes increase or decrease risk(s) to participants. Attach a copy of all revised documents **with track changes and/or yellow highlighting** to illustrate revisions.	

3. Are you requesting authorization to include additional data sources or additional years of the same data that you have already been approved to use?	Yes	No

If yes, describe the nature of the data being requested and why it is necessary to include this data. State whether data will contain individually-identifiable information and if you will be requesting a HIPAA waiver of consent/authorization. If so, contact: **irb2@hhs.texas.gov**

IRB USE ONLY

Approved   Approved with Modifications   Disapproved

_____   _____ _____

Reviewer Signature   Printed Name   Date

If your computer allows email submission, after completing the form click the "Submit" button located below, otherwise submit the form and applicable documentation.