

For Internal Use Only:

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**Brown University**

**Administrative Acceptance Request Form**

**Protocol Title:**

**Principal Investigator:**

**Department:**

**Phone number:**

**Email address:**

**Original Type of Review:** [ ]  **Exempt** [ ]  **Expedited** [ ]  **Full Board**

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| **PART I. ADMINISTRATIVE CONFIRMATION** |

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| **Changes may only be administrative in nature. Answer the following questions to determine if your request meets the criteria for an administrative change.** |
|  [ ]  Yes [ ]  No | Are any changes being made to the *content* of any study documents previously reviewed and approved by the IRB/HRPP? |
|  [ ]  Yes [ ]  No | Are any changes being made to study procedures previously reviewed and approved by the IRB/HRPP? |
|  [ ]  Yes [ ]  No | Are any changes being made to the designated PI and/or Advisor? |
|  [ ]  Yes [ ]  No | Do any changes increase the risks to participants? |
| If you answered “yes” to any of the above questions, your changes cannot be accepted administratively. Please submit an [Amendment Request Form](https://www.brown.edu/research/sites/research/files/Amendment%20Fillable%20Form%20v021518.docx) or Exempt Modification Form to IRB@brown.eduSTOP |

Examples of acceptable administrative changes:

1. Addition of new external funding that does NOT support changes to study population/procedures.
2. Updated graphics on a recruitment flyer
3. Change in any contact information (NO PI/Advisor changes allowed with this form)
4. Changes to correct typographical or grammatical errors (NO content changes allowed with this form)
5. Rearranging approved language on measures/flyers for readability (NO content changes allowed with this form)

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| **PART II. PROPOSED CHANGES** |
| **1. Please provide a detailed description of the change(s) being requested.** **\*For new funding, include the sponsor name, award number, and proposal title.** |
| Click or tap here to enter text. |
| **2. State the reason (justification) for the requested change(s).** |
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| **PART III. ATTACHMENTS** |
| **Do the proposed changes revise any of the following documents? (Do not include any new funding material.)****Yes No** |
|[ ] [ ]  Informed consent, assent, parent permission documents / scripts |
|[ ] [ ]  Data collection materials (questionnaires, surveys, interview scripts, etc.) |
|[ ] [ ]  Recruitment materials (emails, flyers, letters, posters, brochures, etc.) |
|[ ] [ ]  Other:       |
| **If \*Yes\* to any of the above, please attach the appropriate revised document to this submission with changes highlighted.** |

**Principal Investigator signature:** **Date:**  Click here to enter a date.



***For HRPP Use Only***

**Signature of the HRPP: Date Accepted by HRPP:**

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