

For Internal Use Only:

Coeus #: \_\_\_\_\_\_\_

**Brown University**

**Exempt Modification Request Form**

Protocol Title: Click or tap here to enter text.

Principal Investigator: Click or tap here to enter text.

Department: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

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| **PART I. PROPOSED CHANGES** | |
| **1. Provide a Brief lay summary of the overall project. Include enough detail to allow the HRPP to evaluate the requested change(s) within the context of the overall project.** | |
| Click or tap here to enter text. | |
| **2. Please provide a detailed description of the change(s) being requested.** | |
| Click or tap here to enter text. | |
| **3. State the reason (justification) for the requested change(s).** | |
| Click or tap here to enter text. | |
| **5. Do you have a** [**significant financial interest**](https://www.brown.edu/research/coi#Faq6) **(SFI) that is related to this research study? “Related” could mean the research involves products, technology, intellectual property, or services made, owned, or provided by the entity/ies in which you have an SFI and/or that the SFI could be affected by the proposed research or its results?** | |
|  | YES  If YES, has this conflict been previously disclosed to the HRPP?  YES  NO  If NO, please describe: Click or tap here to enter text.  NO |
| **6. Personnel Changes/New Investigator(s):** | |
| The [*Brown University Conflict of Interest Policy for Officers of Instruction and Research*](https://www.brown.edu/about/administration/policies/sites/brown.edu.about.administration.policies/files/uploads/Univ-COIC-Policy-10-26-19.pdf) (“*COI Policy*”) defines the term “Investigator” as “the project director or principal investigator ***and any other person, regardless of title or position*** (e.g., full or part-time faculty member, staff member, student, trainee, collaborator, or consultant), who is ***responsible*** for the ***design, conduct, or reporting*** of sponsored research.”  **Using this definition of “Investigator,” have you added any new Brown Investigators to this project since your most recent HRPP review (initial review or review of your most recent modification)?**  YES  NO (If no, stop here. No need to proceed to the next question.) | |
| **7. New Investigator(s) Conflict of Interest:** | |
| Any **new Investigators** (if applicable) must answer the below questions. Please include additional sheets if needed to identify all new Investigators by name and title.  **Name of Investigator:** Click or tap here to enter text.  **Title:** Click or tap here to enter text.   1. Have you completed a conflict of interest disclosure (i.e., Annual COI Assurance Form or COI Reporting Form) within the past 12 months and is it accurate and up-to-date as of the time of this submission, as required by the [COI Policy](https://www.brown.edu/research/COIpolicy)? (You may access the system here to confirm.)   YES  NO   1. Do you have a [significant financial interest](https://www.brown.edu/research/coi#Faq6) (SFI) that is related to this research protocol? “Related” could mean the research involves products, technology, intellectual property, or services made, owned, or provided by the entity/ies in which you have an SFI and/or that the SFI could be affected by the proposed research or its results.  YES  NO   ***Please note that if any new Investigators have an SFI related to this research protocol, the HRPP may require modifications to any informed consent document(s).***  If **YES**, please describe: Click or tap here to enter text. | |

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| **PART II. ATTACHMENTS** | | |
| **Do the proposed changes require changes to the following documents?**  **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: Click or tap here to enter text. |
| **If \*Yes\* to any of the above, please attach the appropriate revised document with all changes highlighted.** | | |

Principal Investigator’s signature: Date: Click or tap to enter a date.



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Signature of HRPP: Date Accepted by HRPP