

**THE UNIVERSITY OF TULSA  
INSTITUTIONAL REVIEW BOARD (IRB)**

**Modification Request Form eSignature Page**

**Project Title:** \_\_\_\_\_ **Protocol No.:** \_\_\_\_\_

**Principal Investigator(s):** \_\_\_\_\_

**Faculty Mentor (if student PI):** \_\_\_\_\_

- *I certify that the information provided in this IRB modification request is complete and accurate.*
- *I understand that I cannot initiate any changes to my approved protocol prior to having received IRB approval of this requested modification.*

**PI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PI phone:** \_\_\_\_\_ **PI email address** \_\_\_\_\_

**\*If student PI, Faculty Mentor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(As the Faculty Mentor, I hereby agree that I have read and approve this modification request and will be responsible for guidance to the student in implementing and assuring ethical standards during the course of this study and that I hold a current IRB training certificate.)*

**TU IRB Action:** Approved  Denied

**TU IRB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(TU IRB Authorized Signature)*