

# 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	
	Co-Researcher	Phone:		Fax:		E-mail:
		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	<b>Reasons for Change</b>  Describe adverse effacement caused by original proposal, describe expected adverse effacement caused by the change