

<b>IRB Use Only</b>
Protocol No. _____
Program(s) Review: _____
Date of Review: _____

**APPLICATION FOR PROTOCOL CHANGE OR RENEWAL  
OHIO DEPARTMENT OF HEALTH (ODH)  
Institutional Review Board (IRB)**

**Instructions:** Please fill out the form below and send to the Ohio IRB office for review, along with any required attachments. For fastest review, send items electronically to:

Pam Leimbach – [pam.leimbach@odh.ohio.gov](mailto:pam.leimbach@odh.ohio.gov) or Lisa Heinbach – [lisa.heinbach@odh.ohio.gov](mailto:lisa.heinbach@odh.ohio.gov)

<b>1. PROJECT TITLE</b>
Ohio IRB Protocol Number:
Date of most recent approval:

<b>2. PRINCIPAL INVESTIGATOR (PI)</b>	
Name (Last, First):	Degree(s):
Title:	
Agency/Institution:	
If ODH, Bureau & Div.:	
Mailing Address:	
E-mail:	Phone:

<b>3. ADDITIONAL CONTACT</b>	
Specify the additional contact person(s) (e.g., study or regulatory coordinator, research assistant, etc.) in case the PI is not available. If more than two, attach additional page with their information.	<input type="checkbox"/> N/A
Name (Last, First):	Phone:
E-mail:	Fax:
Name (Last, First):	Phone:
E-mail:	Fax:

<b>4. REASON FOR REQUEST</b>	
<input type="checkbox"/> Annual Renewal	Provide a letter explaining the current status of the research and why an extension is necessary.
<input type="checkbox"/> Addition of Researcher(s)	Complete the box(es) below and include a signed Confidentiality Agreement and Curriculum Vitae for each new researcher. If more than four, attach an additional page with their information.
Name (Last, First):	
<input type="checkbox"/> Change to Research	Provide a letter explaining the change and why it is necessary to complete the research. Include copies of any new documents that are relevant to the change in the protocol.
<input type="checkbox"/> Other	Provide a letter explaining the nature of your request. Include copies of any new documents that are relevant to the change in the protocol.

