**APPLICATION FOR APPROVAL OF STUDY REVISION**

**Email this form and all study documents in Microsoft® Word format to** [**mhadmhasirb@ct.gov**](mailto:mhadmhasirb@ct.gov)

**TITLE OF STUDY:**

**DATE OF APPLICATION:**

**DMHAS STUDY NUMBER:**

**PRINCIPAL INVESTIGATOR**

**Name and title:**

**Institutional Affiliation:**

**Phone:**

**E-mail:**

**ALTERNATE CONTACT IF APPLICABLE**

**Name and title:**

**Institutional Affiliation:**

**Phone:**

**E-mail:**

**PROPOSED REVISION**

**Describe each proposed revision and the reason it is necessary:**

**ATTACHMENTS**

**Revised IRB application/protocol is attached**

**Revision does not affect IRB application/protocol**

**Revised consent form or other study forms is attached**

**Revision does not affect any study forms**

**NOTE: Submit a ‘tracked changes’ copy of each revised document showing the changes made and a clean copy of each document to be stamped following approval.**

***By printing my name below, I certify that I will comply with the requirements of the DMHAS Commissioner's IRB Policy Chapter 8.1 and HHS regulations at 45 CFR 46 Protection of Human Subjects.***

**Principal Investigator - Signature Date Time**