**APPLICATION FOR APPROVAL OF STUDY REVISION**

**Email this form and all study documents in Microsoft® Word format to** **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**