***Add Health Ancillary Study Modification Form***

***Please submit this form with your revised proposal and cover note attach separately specifying the change:***

Date of request:

Principal Investigator: Study #:

Study title:

Is this study already funded and underway?

[ ]  No

[ ]  Yes **🡪** Please describe the status of the study?

Funding agency: Funding submission date:

Project period: From to  *(Month/Day/Year)*

# REASON FOR MODIFICATIONS

***Please specify any changes to the following (if there is no change, leave blank or enter “NA”).***

1. Proposal title:

Proposal title justification:

1. PI/Investigators:

PI/Investigators justification:

1. Funding status:

Funding status justification:

1. Funding source:

Funding source justification:

1. Project period: to *(Month/Day/Year)*

Project period justification:

1. Study aims:

Study aims justification:

1. Number of variables:

Number of variables justification:

1. Study population (e.g. sampling, exclusion criteria, sample size):

Study population justification:

1. Biospecimens: *specify all changes requested.*

*Fill in both the current and proposed columns to clarify all requested changes.*

|  |  |  |
| --- | --- | --- |
| Description | Current | Proposed |
| Sample Size |  |  |
| Wave (I, II, III, IV or V) |  |  |
| Biospecimen type |  |  |
| Biospecimen volume |  |  |
| Biospecimen concentration(if type = DNA or RNA) |  |  |
| Biospecimen laboratory |  |  |
| Biospecimen analyte(s) measured |  |  |
| Biospecimen assay method |  |  |

Biospecimens justification:

1. Participant burden (including planned reporting of results):

Participant burden justification:

1. Describe rationale and specifics below or on a separate page. If there are any other changes not captured above, describe.

# APPLICATION CHECKLIST (REQUIRED)

[ ]  Completed Modification Request form

[ ]  Revised Add Health Ancillary Study proposal (submit both below):

[ ]  With tracked changes

[ ]  Clean proposal