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# Montana State University IBC Modification Form

Email completed form to Kirk Lubick (kirk.lubick@montana.edu)  
Or Elizabeth Nicholas (nicholas@montana.edu)

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**PI:**

**Protocol Number:**

Modified Date:

Submit Date:

Approval Date:

1. Provide a brief overview of the proposed modification, including the reason this modification is necessary.

2. Describe in detail any new procedures proposed as part of this modification. (Depending on the procedures added, you may be requested to answer additional questions. If necessary, additional questions will be forwarded after the IBC performs the preliminary review.)

3. Will you be adding personnel to this protocol not previously included on this protocol? If yes, please list the name, title, relevant training, and email address for the personnel you will be adding.