



Research Modification Form

Date:	19JUL22	IR File #:	10869				
RG #:	RG1122194	Sponsor's Protocol # (if applicable):		This box is for	IKO only		
Modification Version #: Date IRO REC'D 07/20/2022 Received:							
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Study Title:	Red Ribbon Registry: A database of people interested in HIV			clinical trials.			
Have you consulted with anyone in the IRO about this Modification? Who and when? No							
 What is being modified? Describe all changes, paying special attention to the boxes checked in Question 2, and provide a rationale for each. (Include at least a brief summary here; in addition, you may submit a separate memo with additional details if necessary.) We are adding improved functionality to the Red Ribbon Registry to allow participants more control in managing their preferences, specifically related to receiving general communications that are not related to joining a specific study and opting out of participating in the registry altogether. This change requires updates to the following documents: a. Protocol and ICF: Updated English versions of the protocol and ICF are attached to this modification. We will submit Spanish versions in a subsequent modification. b. We also updated the text that participants will see while entering or updating their information on the registry website. Many of the changes are simple changes to verbiage. We also added language to reflect the added functionality described above. Updated "text strings" are attached to this modification. We corrected an error in one of the questions in the Intake Survey. Updated English and Spanish versions are attached to 							
this modification. The correction involved fixing 1 of the 2 medication names associated with a brand name drug. Since the brand name is correct, we maintain this will have zero impact on survey results and there is no need to communicate this update to existing volunteers.							
2. Does this modification involve changes to any of the following aspects of the research? (Please check all that apply.) Research Design and/or Resources							
This box is for Reviewing Cor Assurance #: F	nmittee (Reg ID): 🛮 A (0021) 🗆 B (0022)	□ C (5619) ☑ D (98	31)	Agenda Dat	te:	8/03/22
Review Type	- □ Full □ □ Example 2 Digitally so Stacey Co Date: 202: 11:48:33 -	igned by hen 2.07.27	☐ Exempt/Admin	F	Revision/Modifi	ication:	M220719
Approval Signature, Chair or Designee			Date		Printed Name		
VALID ONLY AS LONG AS APPROVED PROCEDURES ARE FOLLOWED DISTRIBUTION: ORIGINAL – IR File COPIES to: Investigator, Contact Person For Review Type Expedited, the "Agenda Date" above is the date the expedited approval gets reported to the convened IRB.							