REB Amendment Request Form

ALL changes to research protocols, information, consent documents, advertisements, study instruments, etc. must have REB review and approval prior to implementation, except where necessary to eliminate immediate risk to study participants.

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| Identification | |
|  | File number:  Expiry date:  Project Title |
|  | Principal Investigator  Full Name:  Supervisor if a Student Project  Full Name: |
|  | Funder: |
| Amendment Details | |
|  | Check all changes that apply:  Conflict of interest  Describe amendment  Methodology (attach all revised documents e.g. interview guides, questionnaires, consent forms showing changes)  Describe amendment  Compensation  Describe amendment  Recruitment (attach revised recruitment materials)  Describe amendment  Consent (attach revised consent materials)  Describe amendment  Data security and storage  Describe amendment  **Attach all revised materials using track changes or highlighting to show the changes.** |
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| **DECLARATION OF THE Principal Investigator**  **(or Supervisor for student projects)** | |
|  | * I confirm that the information provided in this renewal is complete and correct. * I accept responsibility for the continued ethical conduct of this project and for the protection of the rights and welfare of the human participants who are directly or indirectly involved in this project. * I will ensure that any significant changes to the project, including the proposed method, consent process or recruitment procedures, will be reported to the Research Ethics Board for consideration in advance of its implementation. * I will ensure that a status report will be submitted to the Research Ethics Board for consideration within one month of the current expiry date each year the project remains open, and upon project completion.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator Printed Name of Principal Investigator Date (MM/DD/YY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Supervisor if a student Project Printed Name Supervisor Date (MM/DD/YY) |