**For use only by Researchers**

**Request for Ethics Approval of Amendment to an Approved Protocol**

Please complete and submit one (1) typed, signed original, and/or one (1) electronic version, including signatures of this form to:

*Ashley Foreman*

*Research Ethics Board Administrator*

*North Bay Regional Health Centre*

*50 College Drive, North Bay, ON P1B 5A4*

*Tel: 705-474-8600 ext. 2518*

 *(REBOffice@nbrhc.on.ca)*

Instructions:

1. Handwritten forms are not accepted.
2. An amendment to an approved project can be requested when change(s) must be made in order to complete the work that was described by the approved ethics submission.
3. Amendments can be submitted at any time.
4. This form must be completed and submitted with a copy of the amended protocol indicating the relevant sections for proposed changes.
5. The amendment documentation will be reviewed. The amendment may be approved as submitted, or revisions may be requested that must completed and resubmitted prior to approval.
6. Amendments may not be implemented until such time as the researcher receives notification of approval. This will initially be done by email, with a supplement letter sent for signature to the investigators mailing address.

SECTION A: GENERAL INFORMATION

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| Principal Investigator Protocol File Number            |
| Protocol Title      |
| Address       |
| Telephone Number Email Address            |

SECTION B: CHANGES REQUESTED

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| 1. Check the modifications you wish to make to the research project:

❑ Research Design or Methodology ❑ Study End Date❑ Participant Sample/Population ❑ Data Confidentiality ❑ Research Instruments ❑ Changes to Research Team ❑ Participant Recruitment Process ❑ Status and Funding ❑ Consent forms/Information Sheets ❑ Other  |
| 1. Does this amendment represent a substantive change to the approved protocol? Explain:

*\*Note: If changes are substantial a full committee review is required.* |

The Research Ethics Board will review your request for an amendment. Any other documents that may be changed as a result of your amendment should be appended to this form.

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| For Administrative Use Only:❑ The amendment request for this project has been reviewed and approved.❑ Expedited Review ❑ Full Board ReviewSignature of Research Ethics Board Chair or Designate: Date: Approval period from: to:  |

*I certify that the information provided in this Request Ethics Approval for Amendment to an Approved Protocol form is complete and accurate. I have complied with the Tri-Council Policy Statement and North Bay Regional Health Centre’s policies and procedures governing the protection of human participants in research.*

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| Signature of Principal Investigator: |  |
| Print Name: |  |
| Date:  |  |