

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:

Karen Hewitt
Research Ethics Board Administrator
North Bay Regional Health Centre
50 College Drive, North Bay, ON P1B 5A4
Tel: 705-474-8600 ext. 2508
(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. To facilitate the review of the form, include a description in layman's terms of the changes in the protocol, as well as the rationale for the changes.
6. The amendment documentation will be reviewed. The amendment may be approved as submitted, or revisions may be requested that must be completed and resubmitted prior to approval.
7. 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.

*** If the changes are not clearly identified and/or explained, the request form will be returned to the investigator with a request for more information.*

SECTION A: GENERAL INFORMATION

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

SECTION B: CHANGES REQUESTED

1. Check the modifications you wish to make to the research project:	
<input type="checkbox"/> Research Design or Methodology	<input type="checkbox"/> Study End Date
<input type="checkbox"/> Participant Sample/Population	<input type="checkbox"/> Data Confidentiality
<input type="checkbox"/> Research Instruments	<input type="checkbox"/> Changes to Research Team
<input type="checkbox"/> Participant Recruitment Process	<input type="checkbox"/> Status and Funding
<input type="checkbox"/> Consent forms/Information Sheets	<input type="checkbox"/> Other
2. Does this amendment represent a substantive change to the approved protocol? Explain: <i>*Note: If changes are substantial a full committee review is required.</i>	

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.

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.

Signature of Principal Investigator: _____

Print Name: _____

Date: _____