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| **Instructions:** 1. Use this form to request changes to your current approved study involving human participants.
2. Complete all sections of the form and attach a copy of your revised protocol (use the original, approved BREB Word application form) with the changes tracked or highlighted.
3. Email this form, your revised protocol w/tracked changes, and supporting materials to: Office of the Vice Principal and Academic Dean. *Email a scanned signature/date page, or submit a hard copy of the signature page.*
4. **Allow for at least 2 weeks for review of materials.**
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| 1. **GENERAL INFORMATION**
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Principal Researcher Name:       School / Department:

Date of BREB Ethics Approval: From:       To:

BREB Ethics Approval Number:

Project Title:

Email Address:       BUC Telephone #:

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| 1. **ADMINISTRATIVE CHANGES**
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* 1. Do you propose changing the title of your project?

[ ]  YES [ ]  NO

If YES, please provide title information below:

Original title:

New title:

Provide copies of all documentation including the Letter of Information and Consent Form with the revised title.

* 1. Have new research partners been added or removed from the project?

[ ]  YES [ ]  NO

If YES, please provide the name, division/department and contact information for the new and/or departing researchers and submit copies of all documentation with the revised information:

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| 1. **METHODOLOGY**
 |

Do the proposed changes involve revisions to the methodology or project design?

**[ ]** YES **[ ]** NO

If YES, provide details of those changes:

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| 1. **RESEARCH PARTICIPANTS**
 |

Do you propose changing the participant group selected for the project?

[ ]  YES [ ]  NO

If YES, please provide details of the changes and copies of revised documents (if applicable):

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| 1. **RECRUITMENT**
 |

Do you propose changing the means of participant recruitment for the project?

**[ ]** YES**[ ]** NO

If YES, please provide details of the changes and copies of all revised documents (if applicable):

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| 1. **RESEARCH INSTRUMENTS**
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Do you propose changes to a questionnaire, survey, interview questions/themes or other research instruments?
**[ ]** YES **[ ]** NO

If YES, please provide details of the changes and revised copies of all documents:

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| 1. **PROJECT RECRUITMENT AND CONSENT DOCUMENTS**
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Do you propose changing the project documents for recruitment and/or consent?

[ ]  YES [ ]  NO

If YES, please provide details of the changes and copies of all revised documents:

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| 1. **EXTERNAL REB REVIEW**
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Are you proposing changes because of an external REB review?

 **[ ]** YES**[ ]** NO

If YES, please provide details of those changes below, a copy of the correspondence from the external REB, and copies of all revised documents:

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| 1. **OTHER CHANGES**
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Please include details of other changes to your project not covered in this form:

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| 1. **APPLICANT SIGNATURE**
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**I declare that the project information provided in this report is accurate.**

***Note:*** *Type your name in the text field below and email this page with your scanned signature/date, or submit a hard copy.*

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NAME

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SIGNATURE DATE