**CMCC RESEARCH ETHICS BOARD**

**APPLICATION FOR AMENDMENT OF AN APPROVED PROJECT**

**GENERAL INSTRUCTIONS**

* The following is a key to the different font colours and formatting in this document:
	+ **GREEN** – Section headings
	+ Blue/Teal – Questions and prompts to be addressed by applicants
	+ *Orange* – Tips and notes for applicants to consider
	+ Black – Applicant responses to questions and prompts
* For checkboxes, double-click on the box and select Checked for the Default Value
* PLEASE DO NOT:
	+ Edit either the questions/prompts or tips/notes
	+ Change the font colours

**PROJECT INFORMATION**

REB file #:

Project title:

Principal investigator:

Select all sections of the REB application that are affected by the amendment(s).

**[ ]** Conflict of interest

**[ ]** Participants

**[ ]** Recruitment

**[ ]** Consent

**[ ]** Withdrawal process

**[ ]** Reimbursement or incentive

**[ ]** Data collection methods

**[ ]** Deception or partial disclosure

**[ ]** Already collected data

**[ ]** Study materials (e.g., appendices)

List all study materials to which changes have been made. Provide updated versions all study materials that have been changed.

Describe the amendment(s). Reference the appropriate section(s) in the original proposal that are affected by the amendment(s).

Explain why each amendment is necessary.

Describe any implications that the amendments have on Risks and Benefits. If there are no implications, please write “Not Applicable”.

Describe any implications that the amendments have on Privacy and Confidentiality. If there are no implications, please write “Not Applicable”.

Describe any implications that the amendments have on enrolled participants. If there are no implications, please write “Not Applicable”.

Describe any implications that the amendments have on already collected data. If there are no implications, please write “Not Applicable”.

Select all positions for which these amendment(s) will require additional approval.

**[ ]** None

**[ ]** Registrar

**[ ]** Dean, Undergraduate and Graduate Education

**[ ]** Dean, Clinics

**[ ]** Director, Human Resources

**[ ]** Manager, Institutional Effectiveness and Accreditation

**APPLICANT UNDERTAKING**

This signature attests that the Principal Investigator has assessed the safety implications of this amendment, its impact on study procedures and is prepared to take any necessary steps to implement the change(s). Further, the Principal Investigator will not implement any changes to, or deviations from the protocol without Research Ethics Board approval of this amendment except to eliminate an immediate hazard to study participants or when changes involve only logistical or administrative aspects of the study.

I have read and agree to the above conditions.

Name:

Signature:

Date: