**\*Refer to Policy REB-409 before completing this form.\***

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| REB#:       |
| Project Title:       |
| Local Principal Investigator (LPI):       |
| Today’s Date:       |

**\*For changes to Principal Investigator(s) or Co-Investigator(s), please submit an Amendment Request Form.**

1. Study Personnel Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Add (A) or Remove (R) | Personnel Name(Including qualifications i.e. MD, PhD, BSc, etc. **and** affiliation) | Study Role(Assistant, Coordinator, Statistician, etc.) | Study Tasks\*indicate number from task list below | Access to PHI?(Y/N) | New Study Contact Person? (Y/N) | Completed e-WISE Privacy Training (Y/N) | Completed connect2researchand CITI Training (RCR, Privacy)(Y/N) |
|       |       |       |       |       |       |       |       |
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| **\*Study Tasks** |  |  |
| 1. Chart review2. Data collection3. a) Participant recruitment b) Participant recruitment c2r \*if using c2r you must complete c2r and CITI (RCR, Privacy) training | 4. Obtain informed consent/assent5. Study protocol assessments/procedures 6. Protocol development only | 7. Data entry8. Data analysis9. Manuscript preparation (aggregate data only) |

1. If you are adding/changing trainee information, please complete the following: N/A [ ]

|  |
| --- |
| Name(s) of student(s):       |
| Name of Supervisor:       |
| Dept/Div:       | Program:       | Institution:       |
| Telephone:       | Fax:       | Email:       |
| Street Address:      | Room/Suite#:      |
| City:       | Province:       | Postal Code:       |

1. Do the requested change(s) in personnel require modification to other study document(s)

(e.g. information letter, consent form(s), other study document(s))?

No [ ]

Yes [ ]  Please complete the table below and submit one clean copy and one tracked changes copy of all applicable documents.

|  |  |  |
| --- | --- | --- |
| Title of Included Document | Version # | Version Date |
|       |       |       |
|       |       |       |
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***Local Principal Investigator Signature***

As Local Principal Investigator, I assume responsibility for the scientific and ethical conduct of this amended study. I agree to conduct this study in compliance with the 2nd Edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and, where required, in accordance with Health Canada regulations, Good Clinical Practices, and regulations in other jurisdictions.

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Signature Date

**For REB Use Only**

[ ]  Change in Study Personnel Request approved as submitted.

[ ]  Change in Study Personnel Request requires revision and resubmission. The following additional information and/or revisions are required for REB review:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of REB Chair (or Designate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date