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**REVIEW ETHICS BOARD:**

AMENDING RESEARCH PROTOCOLS

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**NOTE:** Submit this form when *previously* REB-approved protocols are changed. Revised procedures CANNOT be implemented until receiving REB approval.

**NOTE:** When completing form, if question is **NOT APPLICABLE** enter ‘**N/A’** into appropriate field.

**SECTION A: TITLE, CONTACT INFORMATION, OTHER APPROVALS, LOCATIONS ETC.**

**A1. Title of Proposed Research:**

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|  |  |
| --- | --- |
| AU REB reference number: | Date of most recent approval: |

**A2. Principal Investigator:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

**A3. Co-Investigator, Faculty Supervisor, Faculty Sponsor (Visiting Researcher):**

NOT APPLICABLE

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

**A4. Additional REB’s review(S) and/or approval(s):**

Did another REB approve this research?  NO  YES

**IF YES,** name REB and describe their role in reviewing./approving any protocol amendments?

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|  |

**SECTION B: PROPOSED AMENDMENT(S), RISK/BENEFITS, ETC.**

**B1. PROPOSED AMENDMENT(S)**

Describe the proposed amendment(s) and the rationale for them. (\* Attach copies of the revised protocol).

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|  |

B2. Will the proposed amendment alter the purpose or objective of the study?  NO   YES

IF YES, describe. (\* Some changes may require further REB review).

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B3. Will the proposed amendment change the vulnerability or risk posed to the participants/informants?

NO   YES

IF YES, describe changes. (\* Some changes may require further REB review).

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IF YES, describe any follow-up action with participants/informants already enrolled in the study?

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B4. CHANGES IN RISK MATRIX: If the proposed amendment alters the original Risk Matrix, complete a new Risk Matrix one for each relevant method.  NOT APPLICABLE

Complete matrix for each method used.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Method #1: |  | | | |
|  | | **Risk Level** |  |  |
|  | | **Low** | **Medium** | **High** |
| **Participant/informant Vulnerability** | |  |  |  |
| **Low** | | **1** | **1** | **2** |
| **Medium** | | **1** | **2** | **3** |
| **High** | | **2** | **3** | **3** |

SECTION C: SIGNATURES

I CERTIFY, that the information provided in this application is complete and correct.

|  |  |
| --- | --- |
| PRINCIPAL INVESTIGATOR: | Date: |
| PRINCIPAL INVESTIGATOR: | Date: |

|  |  |
| --- | --- |
| CO-INVESTIGATOR: | Date: |
| CO-INVESTIGATOR: | Date: |
| CO-INVESTIGATOR: | Date: |
| FACULTY: | Date: |
| FACULTY SPONSOR: | Date: |

**\*\* IF** principal investigator is a student, their academic advisor **MUST** sign, indicating that they have reviewed the submission.

|  |  |
| --- | --- |
| ACADEMIC ADVISOR: | Date: |
| ACADEMIC ADVISOR: | Date: |

\*\* Email digital copy, including ALL relevant appendices to: [**ethicsoffice@algomau.ca**](mailto:ethicsoffice@algomau.ca)