****

**REVIEW ETHICS BOARD:**

AMENDING RESEARCH PROTOCOLS

#

**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:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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?

|  |
| --- |
|       |

**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).

|  |
| --- |
|       |

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).

|  |
| --- |
|       |

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).

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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**