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This form is to be submitted to seek approval of modifications to previously approved protocols. Revised procedures should not be used until approval has been received. Take note that certain changes may have to undergo minimal risk or full REB review.

N.B.: All boxes below can expand to accommodate your text.

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| **Project Information** |
| Ethics File number:       |
| Research Project title:       |
| Initial date of approval: Click or tap to enter a date. |
| Dates of prior renewal(s) (if applicable):                         |
| Did you receive funding for this project?[ ]  Yes [ ]  No [ ]  PendingIf YES, name of funding agency:       |

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| **Name of Principal Investigator (or Supervisor)****(Note:** if this is a student project, indicate your supervisor’s name**)** |
| **Name:**       |
| Faculty:       | E-mail:       |
| Department/School:      | Phone:       |
|  |
| **Research Team Information and students (4th year, Master’s or Doctoral levels)****(Note:** please add a separate sheet if the research team includes more than two members**)** |
| **Name:**       |
| **Role in the project:** [ ]  Co-principal investigator [ ]  Research coordinator[ ]  Supervisor [ ]  Co-supervisor[ ]  Co-investigator [ ]  Collaborator[ ]  Researcher assistant [ ]  Other:       |
| Faculty:       | E-mail:       |
| Department/School:       | Phone:       |
| **Name:**        |
| **Role in the project:** [ ]  Co-principal investigator [ ]  Research coordinator[ ]  Supervisor [ ]  Co-supervisor[ ]  Co-investigator [ ]  Collaborator[ ]  Researcher assistant [ ]  Other:       |
| Faculty:       | E-mail:       |
| Department/School:       | Phone:       |

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| **Has any team member left or been added to the research team?**[ ]  Yes [ ]  No**If YES, please provide their name, their role in the project and their contact information (for a new member of the research team).**      |

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| **Preferred language of correspondence:**  [ ]  French [ ]  English |

**NOTE : Answer all of the following questions.**

|  |
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| 1. **Check the modifications you wish to make to the research project.**
 |
| [ ]  Participants recruitment process[ ]  Participant sample / population[ ]  Consent forms / Information sheets[ ]  Research instruments (e.g. questionnaires, etc.) | [ ]  Research design or methodology [ ]  Data confidentiality / Security arrangements[ ]  Location of study[ ]  Changes to research team[ ]  Other (Please specify):       |
| If you checked any of the above, describe the nature of each modification requested and explain why the modification is necessary and how it differs from the previously approved procedures:     **Please submit one copy of this form as well as all the modified documents (e.g. questionnaire, consent form, etc.) and highlight the sections that are revised or added. Please do not staple documents.**  |
| 1. **Has there been any unexpected problem(s) or adverse event(s) related to the participation of human beings in your project?**

[ ]  Yes [ ]  NoIf you answered **‘’YES’’** to this question,provide a description of the problem(s):       |

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| **Attestation** |
| I agree to abide by the ethical guidelines and procedures of Saint Paul University Research Ethics Boards, of the [*Tri-Council Policy Statement (TCPS 2)*](http://pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html), of my profession or discipline, as well as of the institution in which the research is undertaken. I am aware of my responsibility to be familiar with these standards. I further agree to notify the appropriate Research Ethics Board of any substantive change in the use of data in this research and to comply with requests made by such REB during the life of this research. |
| By submitting this form, the Lead Researcher and academic supervisor, if any, confirm that:* The information in this Form is correct and accurately describes all changes to the research project.
* No changes will be made before receiving ethics clearance, except to avert serious harm to any participant.
* I (we) will carry out this project in accordance with the information in this Form and the other submitted documents. No changes will be made to the research project as described in this Change without clearance from the Research Ethics Board.
* I will promptly notify the Research Ethics Board of any ethical or data breaches, adverse events, unanticipated problems, protocol deviations or complaints that arise relating to this project.
 |
| I request ethics approval of the modifications / revisions described above. All modified documents and procedures are appended hereto for REB review and approval.  |

Signature:       Date: Click or tap to enter a date.

Printed Name:

Signature:       Date: Click or tap to enter a date.

Printed Name:

Signature:       Date: Click or tap to enter a date.

Printed Name:

**Submit to:**

Research Office and Ethics

Saint Paul University (Guigues Hall)

223 Main Street, Room 166

Ottawa, Ontario
K1S 1C4

Email: mkouachi@ustpaul.ca

Phone: (613) 236-1393 ext. 2323