**\*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 connect2research  and CITI Training (RCR, Privacy)  (Y/N) |
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| **\*Study Tasks** |  |  |
| 1. Chart review  2. Data collection  3. a) Participant recruitment  b) Participant recruitment c2r    \*if using c2r you must complete c2r and CITI (RCR, Privacy) training | 4. Obtain informed consent/assent  5. Study protocol assessments/procedures  6. Protocol development only | 7. Data entry  8. Data analysis  9. 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:

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Signature of REB Chair (or Designate)

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

Date