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| **Instructions:**   1. Use this form to request changes to your current approved study involving human participants. 2. Complete all sections of the form and attach a copy of your revised protocol (use the original, approved BREB Word application form) with the changes tracked or highlighted. 3. Email this form, your revised protocol w/tracked changes, and supporting materials to:  Office of the Vice Principal and Academic Dean. *Email a scanned signature/date page, or submit a hard copy of the signature page.* 4. **Allow for at least 2 weeks for review of materials.** |

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| 1. **GENERAL INFORMATION** |

Principal Researcher Name:       School / Department:

Date of BREB Ethics Approval: From:       To:

BREB Ethics Approval Number:

Project Title:

Email Address:       BUC Telephone #:

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| 1. **ADMINISTRATIVE CHANGES** |

* 1. Do you propose changing the title of your project?

YES  NO

If YES, please provide title information below:

Original title:

New title:

Provide copies of all documentation including the Letter of Information and Consent Form with the revised title.

* 1. Have new research partners been added or removed from the project?

YES  NO

If YES, please provide the name, division/department and contact information for the new and/or departing researchers and submit copies of all documentation with the revised information:

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| 1. **METHODOLOGY** |

Do the proposed changes involve revisions to the methodology or project design?

YES NO

If YES, provide details of those changes:

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| 1. **RESEARCH PARTICIPANTS** |

Do you propose changing the participant group selected for the project?

YES  NO

If YES, please provide details of the changes and copies of revised documents (if applicable):

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| 1. **RECRUITMENT** |

Do you propose changing the means of participant recruitment for the project?

YESNO

If YES, please provide details of the changes and copies of all revised documents (if applicable):

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| 1. **RESEARCH INSTRUMENTS** |

Do you propose changes to a questionnaire, survey, interview questions/themes or other research instruments?   
YES NO

If YES, please provide details of the changes and revised copies of all documents:

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| 1. **PROJECT RECRUITMENT AND CONSENT DOCUMENTS** |

Do you propose changing the project documents for recruitment and/or consent?

YES  NO

If YES, please provide details of the changes and copies of all revised documents:

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| 1. **EXTERNAL REB REVIEW** |

Are you proposing changes because of an external REB review?

YESNO

If YES, please provide details of those changes below, a copy of the correspondence from the external REB, and copies of all revised documents:

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| 1. **OTHER CHANGES** |

Please include details of other changes to your project not covered in this form:

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| 1. **APPLICANT SIGNATURE** |

**I declare that the project information provided in this report is accurate.**

***Note:*** *Type your name in the text field below and email this page with your scanned signature/date, or submit a hard copy.*

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NAME

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SIGNATURE DATE