

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

Title of the research project:
Initial date of approval (dd-mm-yy):

Name of Principal Investigator (or Supervisor):
Department:
Phone:
Email:
Name of Co-Investigator (or Student):
Department:
Phone:
Email:
Other Investigators: <i>(Indicate the names of other co-investigators, students and/or supervisors, and their affiliation.)</i>

Is this a:

Modification to the research protocol?	Yes	No	If yes, please complete Section 1
Addition to the research protocol?	Yes	No	If yes, please complete Section 2
Change of contact information?	Yes	No	If yes, please complete Section 3

Section 1 - Check the modifications you wish to make to the research project

<input type="checkbox"/> Participant recruitment process <input type="checkbox"/> Participant sample / Subject population <input type="checkbox"/> Consent forms / Information sheets <input type="checkbox"/> Research instruments (e.g. questionnaires, etc.) <input type="checkbox"/> Research design or methodology	<input type="checkbox"/> Data confidentiality / Security arrangements <input type="checkbox"/> Study end date <input type="checkbox"/> Location of study <input type="checkbox"/> Changes to research team <input type="checkbox"/> Other (Please specify)
(i) If you checked any of the above, describe the nature of each modification requested and explain why the modification is necessary.	

Section 2 – Please describe the nature of the addition requested and explain why the addition is necessary.

Section 3 – Modification to contact information

Name of Principal Investigator (or Supervisor):

Department:

Title:

Phone:

Email:

Name of Co-Investigator (or Student):

Department:

Title:

Phone:

Email:

Have there been any unexpected problems or adverse events related to the participation of human beings in your project? Yes No

(i) If you answered *YES* to this question, provide a description of the problems.

Please submit an electronic copy of this form as well as all modified or additional documents (e.g. questionnaire, consent form, etc.) and highlight the sections that are revised or added.

Send electronic copy to Research Ethics Board at researchethics@bowvalleycollege.ca

Note that no signatures are required; however, this form *must* be submitted directly by the researcher for approval.