**BRUYÈRE HEALTH RESEARCH ETHICS BOARD –**

**AMENDMENT FORM**

**INSTRUCTIONS:**

This form is to be used for the sole purpose to obtain approval from the Bruyère Health REB to previously approved studies. The study may not proceed with these changes until approved. Please ensure you make revisions to the appropriate study documents, such as the BREB, Protocol, Informed Consent Forms, etc. ***For the addition of research staff****, please include a signed pledge of confidentiality, and a* ***TCPS2 certificate issued within the last 5 years****.*

Please **submit both the track-changes and clean versions** of revised documents to the REB office with your request.

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| **REB #** | **DATE OF REPORT** |
|  |  |
| **STUDY TITLE** | |
|  | |
| **NAME OF PERSON FILLING OUT REPORT** | **PRINCIPAL INVESTIGATOR/BRUYÈRE HEALTH INVESTIGATOR** |
|  |  |
| **PLEASE GIVE A BRIEF DESCRIPTION OF THE REQUEST** | |
| Description of Request (please use point form): | |
| **SIGNATURE SECTION** | |
| I hereby request ethics approval for the above-stated amendment.  Name of Principal Investigator/Bruyère Health Investigator:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | |