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| A picture containing email  Description automatically generated |  **Request for REB Approval of Modification to Research Project** |

**Bow Valley College Research Ethics Board**

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.

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

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

**Is this a:**

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| 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**

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| [ ] Participant recruitment process [ ] Participant sample / Subject population [ ] Consent forms / Information sheets [ ] Research instruments (e.g. questionnaires, etc.) [ ] Research design or methodology  | [ ] Data confidentiality / Security arrangements [ ] Study end date [ ] Location of study [ ] Changes to research team [ ] 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.**

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**Section 3 – Modification to contact information**

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| **Name of Principal Investigator (or Supervisor):**      Department:      Title:      Phone:      Email:      @      **Name of Co-Investigator (or Student):**      Department:      Title:      Phone:      Email:      @       |

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| 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.