
Ethics Change Request Form

SUBMISSION

Please send this form and accompanying attachments to REB Office Personnel at REB@nbcc.ca. Questions about ethics review requirements and applications should also be sent to REB@nbcc.ca.

PURPOSE

Before any changes to approved research projects are implemented, they must be submitted for review and approval using this form. Please see [Research Ethics Application Procedure \(3303.4838\)](#), 3.4.

GENERAL INFORMATION

1. Protocol # (from original approval letter)	
2. Project Title	
3. Principal Investigator	
4. Original Approval Date	

CHANGES REQUESTED

5. What changes are requested? (Check all that apply).

- Research personnel
- Study end date
- Location of study or inclusion of new study site
- Funding
- Partners, clients, outside agencies
- Conflicts of interest
- Research design (e.g., purpose, methodology, procedures, data analysis plan)
- Participant population (numbers, subgroups, inclusion/exclusion criteria)
- Recruitment process
- Consent forms or process
- Data collection tools (questionnaires, instruments)
- Data confidentiality or storage arrangements
- Other (please specify):

6. Please describe all requested changes in detail:

7. Are there any new foreseeable risks or benefits associated with the changes being requested?

Yes

No

8. If **yes**, please describe risks or benefits in detail:

9. Do you anticipate a change to the expected completion date?

Yes

No

10. If **yes**, what is the new expected completion date?

LIST OF ATTACHMENTS

Please indicate the new or edited attachments submitted in support of this application. For edited attachments, please highlight the changes within the attachments for reviewers.

New Edited

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Recruitment materials (Posters, emails, templates for social media posts) |
| <input type="checkbox"/> | <input type="checkbox"/> | Information letter for participants |
| <input type="checkbox"/> | <input type="checkbox"/> | Consent form |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver of confidentiality |
| <input type="checkbox"/> | <input type="checkbox"/> | Script of oral explanation given to participants |
| <input type="checkbox"/> | <input type="checkbox"/> | Survey / Focus group / Interview etc. question guide(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Debriefing script / feedback given at end of survey |
| <input type="checkbox"/> | | TCPS 2: CORE-2022 Course on Research Ethics Certificate(s) of Completion for new research team member(s) (unless already on file with NBCC's College Office of Research Enterprise) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other relevant research instruments or materials (please list below) |

SIGNATURE

I affirm that this application fully and accurately describes all changes to planned research activities involving human participants since protocols or previous amendments were approved. As applicant, I will ensure that no changes are implemented (by myself or other team members) before receiving documentation of approval from the NBCC Research Ethics Board, unless the change is required to remove an immediate hazard for research participants.

Principal Investigator Signature:

Date: