

**Ethical Review: Request for Amendment of an Approved Project**

Please submit completed form and all attachments to: [appliedresearch@jibc.ca](mailto:appliedresearch@jibc.ca)

ADMINISTRATIVE INFORMATION (Not to be completed by applicant)

Original Protocol #	
Original Date approved	
<b>NEW Protocol #</b>	
<b>Date Received</b>	
<b>New Date Reviewed</b>	
<b>New Date Approved</b>	

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**Section 1: Reason(s) for Amendment**

- Extended the time limit** of an approved project currently underway
- Made **minor changes** to the study design or location of an approved project. If changes were substantial, the Principal Investigator will need to submit a new Request for Ethical Review.
- Appointed a **new Principal Investigator or add a new co-investigator(s)**. Only the currently approved Principal Investigator may request approval for the appointment of a new Principal Investigator. The *currently* approved Principal Investigator must then sign in **box #4**, as the new Principal Investigator must sign in **box #7**.
- Changed the **project title and/or the name of the funding agency or the sponsor**. Note that in all cases the name of the Principal Investigator and the project title must exactly match what is shown on the grant application to the funding agency, the funding agreement with the sponsor and the Notice of Approval.
- Made **changes to the consent process and the recruitment information**. Include copies of all amended consent forms or recruitment posters.

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**Section 2: Project Information & Amendment Request**

**1. Contact Person – Faculty Investigator/Advisor**

Surname:

Given Names:

Affiliation (JIBC Division or other):

Phone Number:

E-mail:

**2. Current Title of project:**

**3. New Title of project (if applicable)**

**4. New Principal Investigator** (if applicable)

Surname:

Given Names:

Affiliation (JIBC Division or other):

Phone Number:

E-mail:

I request that this project be placed under the direction of the new Principal Investigator name above:

X \_\_\_\_\_

Signature of *Currently* Approved Principal Investigator

Date: \_\_\_\_\_

**5. New Co-Investigator** (if applicable)

Surname:

Given Names:

Affiliation (JIBC Division or other):

Phone Number:

E-mail:

Brief description of role:

*Note: If more than one Co-Investigator is being added, provide the requested information on a separate sheet.*

**6. Please describe the change(s) you are requesting approval on.**

**7. Principal Investigator**

X \_\_\_\_\_

Signature of Principal Investigator

Date: \_\_\_\_\_

*For Administrative Use Only*

\_\_\_\_\_

X \_\_\_\_\_

*Signature of the JIBC Research Ethics Chair*

*Date Approved:*

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