

## Change Request Form

Please complete and submit this form if you wish to make a change or an addition to an approved “Application to Involve Human Participants in Research” to the Research Ethics Coordinator at (519) 748-5220, x7108, or email to: [rebcoordinator@conestogac.on.ca](mailto:rebcoordinator@conestogac.on.ca)

**Note:** All changes you wish to make to the application and attachments for which you have received prior approval and a “Certificate of Ethical Acceptability” need to be submitted for review by the REB and specifically noted on this form. This is to ensure that the REB can alert you to any new issues which may arise (either with these changes or with subsequent changes to the same research project) which may create new challenges for you in conducting your research.

**TITLE OF RESEARCH PROJECT:**

**Today’s Date**

**Date of Original Ethics Approval**

**REB Application No.**

Investigator	Name	Department/ Address	Telephone	E-Mail
Principal Investigator(s)				
Other Investigator(s)				

The headings below correspond to sections of the CCITAL *Application to Involve Human Participants in Research* form.

1. Please check all boxes that apply to the sections of the original protocol that you wish to change/have been changed.
2. If you wish to change a test instrument (questionnaire, etc.) or a consent form or letter of information, please submit the revised document and highlight the sections that are being changed or added.
3. Please submit this form, the changed documents referred to in Item 2 (above) if applicable, together with:
  - a) A narrative description of the changes which are identified below *or*
  - b) A second “Application to Involve Human Participations in Research” form, if the changes are substantial.

<b>A.</b>	<b>GENERAL INFORMATION</b>		
	A.1 Title of Project		A.3 Commencement or Completion Dates
	A.2 Principal Investigator (PI)		A.4 Location
	A.2 Co-Investigator(s)		A.5 Other REB's Approval
	A.2 Student Investigator(s)		A.6 Level of Project
	A.2 Other Investigator(s)		A.7 Funding of Project
<b>B.</b>	<b>PROJECT SUMMARY</b>		A.8 Conflict of Interest
	B.9 Purpose/Rationale for Research Project		B.14 Storage and Protection of Information
	B.10 Methodology/Procedures		B.15 Transmission of Data
	B.11 Recruitment		B.16 Secondary Use of Data
	B.12 Informed Consent		B.17 Experience
	B.13 Collection of Personal Information		B.18 Compensation
<b>C.</b>	<b>RISKS AND BENEFITS OF RESEARCH</b>	<b>D.</b>	<b>PARTICIPANT FEEDBACK</b>
	C.19 Possible Risks to Participants		D.22 Annual Review and Adverse Events
	C.20 Possible Risks to Researchers		D. 23 Additional Information
	C.21 Possible Benefits to Participants		

Note: if you are making changes to your research which alter the fundamental nature of the research, or which alter the informed consent participants may have provided, or which affect the level of risk involved with the research protocol, a new application may be required. Please contact the REB Coordinator at [rebcoordinator@conestogac.on.ca](mailto:rebcoordinator@conestogac.on.ca) to discuss.

### Comments:

Please check the section(s) of the original application to be changed and briefly indicate the specific nature of the change(s). Please also attach more pages if necessary to fully describe the changes.

**Principal Investigator (PI) Assurance:**

I, \_\_\_\_\_ have the ultimate responsibility for the conduct of the study described in this application including my responsibilities as an advisor to any students involved in this project. I have read and am responsible for the content of this application. The information provided is complete and accurate. I understand that, as Principal Investigator, I will be the primary link with the REB, other researchers involved with this project, and the research participants. I agree to conduct the research in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Conestoga College ITAL Policies and Procedures for Ethical Conduct of Research, and the conditions of approval indicated by the Conestoga College Research Ethics Board.

I also understand that if I make any additional changes whatsoever to the sample documents provided with this application (including, but not limited to, the recruitment scripts, information and consent letters, survey questions, interview or focus group questions), I need to complete a change request form and submit this to the REB for review. I further understand that these changes, if determined to be substantive by the REB, may require a new application if they constitute new research. If any changes are made in the above arrangements or procedures, or if adverse events are observed, I will bring these to the attention of the Research Ethics Coordinator immediately. I further understand that I may not start any research at CCITAL without receiving a Certificate of Ethical Acceptability. I further understand that ethical approval does not constitute institutional approval of this research.

I understand that if I fail to advise the REB of any changes or adverse events, or fail to comply with research protocols outlined in this application, or make any unauthorized changes to any document submitted with this application, the Certificate of Ethical Acceptability may be rescinded by the REB.

**Name of Principal Investigator:**

**Signature of Principal Investigator:**

**Date:**

---

**Signature**

**Date**

Please mail a hard copy containing your electronic signature to the attention of:

Conestoga College Institute of Technology and Advanced Learning  
Research Ethics Board Coordinator  
96 Grand Avenue South  
Cambridge, ON N1S 2L9

**Note:** If you send an electronic copy, this must be sent from your specific ISP. This electronic communication should be sent from a secure socket and sent from a secure address. If a fax is sent, this should be a scanned copy of the actual signature. Following this fax and/or electronic submission, the applicant should follow up with a verbal confirmation to be made to the REB Coordinator and should clearly indicate that this electronic copy is to be treated as your official digital signature.

## **Change Request Confirmation of Approval:**

(To be completed by the REB):

Date:

Signature:

Comments:

### **ACKNOWLEDGEMENTS**

This form has been adopted from the University of Guelph with their permission. Conestoga College gratefully acknowledges the contribution of the University of Guelph in this regard.