



## RESEARCH ETHICS BOARD

### FORM 3 REQUEST FOR AMENDMENT OF AN APPROVED PROJECT

#### USE THIS FORM ONLY FOR AMENDMENTS TO AN ONGOING STUDY

An amendment is a minor change to an ongoing previously approved project. Significant changes in the study participants, the nature, number or content of questions studied, and the experimental intervention or manipulation all exceed the requirements for amendments and must be submitted as a new proposal. Please refer to the appropriate Guidelines for information on completing this form.

<b>DATE OF THIS SUBMISSION:</b>	
<b>1. PRINCIPAL INVESTIGATOR</b>	<b>6. CO-INVESTIGATOR(S) – NAMES AND ADDRESSES</b>
<b>2. ADDRESS</b>	
<b>3. PHONE NUMBER</b>	
<b>4. FAX NUMBER</b>	
<b>5. EMAIL ADDRESS</b>	
<b>7. GRANTING AGENCY/SOURCE OF FUNDING:</b> <input type="checkbox"/> FUNDED <input type="checkbox"/> APPLIED FOR <input type="checkbox"/> UNFUNDED <b>GRANTING AGENCY:</b>	
<b>DATE APPLICATION IS DUE:</b>	
<b>8. TITLE OF PROJECT</b>	
<b>9. PROJECT TIME PERIOD (MM/YY TO MM/YY):</b>	
<b>10. INDICATE WHERE THIS RESEARCH IS BEING CARRIED OUT.</b> <input type="checkbox"/> IHA STAFF MEMBER <input type="checkbox"/> GRADUATE STUDENT <input type="checkbox"/> MASTER'S <input type="checkbox"/> PHD <input type="checkbox"/> OTHER (SPECIFY)	

**II. SIGNATURES**

<p><b>PRINCIPAL INVESTIGATOR</b></p> <hr/> <p><b>SIGNATURE</b> <b>DATE:</b></p> <p><b>CO-INVESTIGATOR(S)</b></p> <hr/> <p><b>SIGNATURE</b> <b>PRINTED NAME:</b></p> <p><b>DATE:</b></p>	<p><b>CO-INVESTIGATOR(S)</b></p> <hr/> <p><b>SIGNATURE</b> <b>PRINTED NAME:</b></p> <p><b>DATE:</b> <b>CO-INVESTIGATOR(S)</b></p> <hr/> <p><b>SIGNATURE</b> <b>PRINTED NAME:</b></p> <p><b>DATE:</b></p>
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**12. DESCRIBE ANY CHANGES IN STUDY DESIGN, FOR EXAMPLE, NUMBER OF SUBJECTS. EXPLAIN WHY THESE CHANGES ARE NEEDED. ATTACH COPIES OF ANY AMENDED DOCUMENTS (CONSENTS, QUESTIONNAIRES, ETC.)**

## SUBMISSION CHECKLIST

<b>13. LIST ALL DOCUMENTS RELEVANT TO THIS AMENDMENT. ASSIGN A VERSION DATE TO ATTACHED DOCUMENTS.</b>		
<b>TWO COPIES OF THE COMPLETE RESEARCH PROPOSAL</b>		
<b>ORIGINAL + ONE COPY OF THE FOLLOWING DOCUMENTS</b>	<b>✓ IF APPLICABLE</b>	<b>VERSION DATE</b>
AMENDMENT FORM (FORM 3)	<input type="checkbox"/> YES	DO NOT ALTER THE VERSION DATE ON THIS FORM
ADVERTISEMENT TO RECRUIT SUBJECTS	<input type="checkbox"/> YES	
LETTER OF INITIAL CONTACT	<input type="checkbox"/> YES	
SUBJECT CONSENT FORM (AND CONTROL CONSENT, IF DIFFERENT)	<input type="checkbox"/> YES	
PARENT / GUARDIAN CONSENT FORM	<input type="checkbox"/> YES	
DECEPTION FORM AND WRITTEN OR VERBAL DEBRIEFING (FORM 2)	<input type="checkbox"/> YES	DO NOT ALTER THE VERSION DATE ON THIS FORM
QUESTIONNAIRES, TESTS, INTERVIEW SCRIPTS, ETC.	<input type="checkbox"/> YES	
COVER LETTER FOR THE QUESTIONNAIRE	<input type="checkbox"/> YES	
OTHER REQUIRED/SUPPORTING DOCUMENTS/APPROVALS	<input type="checkbox"/> YES	VERSION DATE NOT REQUIRED