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Capilano University Research Ethics Board (REB)

**Application for Amendment Form**

**Purpose**

The purpose of this form is to enable researchers to apply to the REB to amend their Ethical Protocol when contemplating changes to research personnel, methods, instruments, or study populations.

**Instructions**

Please complete and submit this form and a revised Application for Ethical Review Form, including all Appendices, to reb@capilanou.ca.

**Information**

REB Protocol ID:Click here to enter text.

Principal Investigator**:**  Click here to enter text.

Email of principle investigator:Click here to enter text.

Title of research project: Click here to enter text.

Anticipated completion date: Click here to enter a date.

Is this the first application for amendment for the above-referenced study? Yes [ ]  No [ ]

Indicate which sections of the application form have been revised to reflect the proposed amendment(s), and submit the revised application and attachments.

[ ]  1. Administrative information.

[ ]  2. Project description

[ ]  3. Study population and participant recruitment

[ ]  4. Consent

[ ]  5. Benefits, risk, and risk mitigation

[ ]  6. Clinical studies

[ ]  7. Data collection and management

Provide a brief summary of the requested amendments:

Click here to enter text.

**Agreement**

By submitting this application to the REB you attest that the information you have provided above is correct. Any amendment(s) to the study must be approved by the Capilano University REB prior to using revised procedure(s).