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 Lambton College REB Chair. Include any changed documents and provide a narrative description of the changes identified in the Checklist below.

If you are making changes to your research which may:

1. alter the fundamental nature of the research, or
2. alter the informed consent participants may have provided, or
3. affect the level of risk involved with the research protocol,

a new application may be required. Please contact the Lambton College REB Chair to discuss the changes.

***General Information***

**Title of Research Project:** Click here to enter project title.

**Date of Original REB Approval**: Click here to enter a date.

**Application #**: Click here to enter application #.

**Today’s Date:** Click here to enter a date.

**Principal Investigator Name:** Click here to enter first and last name.

**School/Department:** Click here to enter School/Department.

**Telephone:** Click here to enter phone number

**Email:** Click here to enter e-mail address.

**Co-Investigator(s) Name(s):** Click here to enter first and last name(s).

**Position:** Click here to enter position.

**School/Department:** Click here to enter School/Department.

**Mailing Address:** Click here to enter mailing address.

**Telephone:** Click here to enter phone number.

**Email:** Click here to enter e-mail address.

**Student Investigator(s) Name(s):** Click here to enter first and last name(s).

**School/Department:** Click here to enter School/Department.

**Telephone:** Click here to enter phone number.

**E-mail:** Click here to enter e-mail address.

Please check all boxes that apply to the sections of the original protocol to be changed.

**SECTION A: GENERAL INFORMATION**

1. Title of the Research Project

2. Investigator Information

a. Principal Investigator

b. Co-Investigators

c. Student Investigators

d. Other Investigator(s)

3. Project Dates

4. Project Location

5. Other Research Ethics Board Approval

6. Project Funding

7. Conflict of Interest

**SECTION B: SUMMARY OF PROPOSED RESEARCH**

8. Rationale

9. Methodology

10. Recruitment

*If you wish to change a test instrument (questionnaire, etc.) or a consent form or letter of information, please submit the revised test instrument and highlight the sections that are being changed or added.*

**SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH**

11. Level of Risk

12. Possible Risks to Researchers

13. Possible Benefits to Participants

14. Informed Consent

15. Collection and Protection of Personal Information

16. Storage of Information

17. Moving and Transmission of Data

18. Secondary Use of Data

19. Experience

20. Compensation

21. Participant Feedback

22. Annual Review and Adverse Effects

23. Additional Information

Briefly describe the specific nature of the change(s) in the Comments section below. Please reference the item number in your description. For example, changes made to the recruitment process correspond with item 10.

**Comments:**

Click here to enter text.

**Principal Investigator (PI) Assurance:**

I,Click here to enter first and last name., 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 and the research ethics policies of the colleges where the study will take place.

I understand that these changes, if determined to be substantive by the REB, may require a new application if they constitute new research. I further understand that I may not continue with any new protocol without receiving a second Approval Letter. I further understand that ethical approval does not constitute institutional approval of this research.

**By checking this box and sending an electronic copy through my Lambton College email account,** Click here to enter e-mail address.**; I,** Click here to enter first and last name.**, certify that it will serve as my official digital signature.**

Please submit to the Lambton College REB Chair at [reb@lambtoncollege.ca](mailto:reb@lambtoncollege.ca).

**Change Request Confirmation of Approval:**

(To be completed by the REB):

Reviewer Name: Click here to enter full name.

Date Reviewed: Click here to enter date.

Signature:

Comments: Click here to enter comments.