

Please contact reb@durhamcollege.ca if you require assistance to complete this form.

Purpose

Researchers are required to submit any requests to the REB for substantive changes to their originally approved research. The REB will decide on the ethical acceptability of those changes to the research in accordance with a proportionate approach to research ethics review. Revised procedures must not be implemented until ethics approval has been received.

For research projects lasting longer than one year, researchers are required to submit an annual study renewal report with sufficient details to enable to the REB to make an informed judgement about the continued ethical acceptability of the research. If there are significant deviations from the original approved protocol, the REB may request a new REB application or additional information. Requests for renewal must be submitted no less than 30 days prior to the expiry of the Approval.

Section 1a: Principal Investigator Information

First Name:

Last Name:

REB File #:

Project Title:

Phone:

Email:

Section 1b: Status Protocol

Option 1 (Changes Only)

There have been Changes to the Protocol since receiving original REB approval. I am requesting approval for the changes found in this form.

(Proceed to Section 2 and complete all relevant sections)

Option 2 (Changes & Renewal)

There have been Changes to the Protocol since receiving original REB Approval. I am requesting to have the changes found in this form approved. This study is continuing and requires renewal until the Research End Date.

(Proceed to Section 2 and complete all relevant sections)

Option 3 (Renewal Only)

There have been **no** Changes to the Protocol since receiving original REB Approval and I am requesting a Study Renewal.

(Proceed to Section 6)

If you have selected **Options 1 or 2**, continue and complete all sections of this form.

Section 2: Leave Blank if there are no Changes Requested

2a: Co-investigator (list once, if applicable)

First Name:

Last Name:

Position/Affiliation:

Email:

2b: Faculty Supervisor/Co-investigator (for student projects only)

First Name:

Last Name:

Position/Affiliation:

Email:

Section 3: Leave Blank if there are no Changes Requested

3a: General Project Information

Title of Project:

Faculty Investigators:

Student Investigators:

Co-Investigators:

Research Start Date:

Research End Date:

Locations:

Other REB Approvals:

Risk/Level of Project:

Funding of Project:

Conflict of Interest:

3b: General Project Information

Purpose/Rationale for Research:

Methodology/Procedures:

Previous Experience/Expertise:

Participants Involved in Study:

Recruitment Process/Materials:

Compensation for Participants:

3c: Benefits and Risks

Possible Benefits:

Possible Risks:

3d: Invitation/Consent Process

Informed Consent/Absence of Consent:

Use of Deception:

Process of Parental/Guardian Consent:

3e: Confidentiality

Procedure to ensure confidentiality:

Who will have access to the data:

3f: Secondary Use of Data

Plans for Using Data for Other Purposes:

Section 4: Leave Blank if there are No Changes Requested

If the revision(s) is/are to a Questionnaire, Interview Script, Verbal Script, Information Letter, Consent Form, Thank You Letter, or any other material with previous ethics clearance, please attach the entire document and highlight the sections that are modified. Describe the changes below.

Section 5: Other – Leave Blank if there are No Changes Requested

Any other changes (please specify and describe the changes below).

Section 6: Unanticipated Issues

Have there been any Unanticipated Issues that occurred?

(if Yes, please submit an Unanticipated Issues Reporting Form immediately)

Section 7: Signatures

Principal Investigator:

I/We respectfully request Ethics Approval of the modifications/revisions described above for the review and approval. All relevant documentation has been included for review in this submission (if applicable).

Principal Investigator	
Signature:	

Faculty Supervisor (if applicable)	
Signature:	

Instructions for Researcher: Please submit One Signed Softcopy of this form along with all attachments to reb@durhamcollege.ca .

REB Chair:

I approve the Modification/Renewal described above and/or included with submission.

REB Chair	
Signature:	

**For Renewal Requests - New REB Approval Expiry Date:

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for changes to research studies. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.