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**University Research Ethics Board (UREB)**



**REB.FORM.002 | Modification/Change to Protocol Request**

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| Section A – Ethics File Details |
| 1. Date | Click or tap to enter a date. |
| 2. Research Ethics Clearance File Number | Click or tap here to enter text. |
| 3. Is the Research Ethics Clearance status for this file current? | [ ]  Yes[ ]  No\* if No, please complete REB.FORM.003 Renewal Request and submit to the UREB along with this form |
| 3. Title of Research Study | Click or tap here to enter text. |
| 4. What is the current research status? (choose all that apply) | [ ] No recruitment to date [ ] Active recruitment [ ] Recruitment ended[ ] Active participation[ ] Participation ended[ ] Data analysis[ ] Secondary data only[ ] On hold[ ] OtherIf “Other”, please specify belowClick or tap here to enter text. |

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| Section B – Applicant Information |
| 1. Principal Investigatoror Nominated Principal Investigator (see REB.INFO.001 for definitions) | Click or tap here to enter text. |
| 2. Department/Faculty | Click or tap here to enter text. |
| 3. Email Address (MSVU email only) | Click or tap here to enter text. |
| 4. Telephone Number | Click or tap here to enter text. |
| 5. Category of Researcher | Choose an item.If you chose Other, please specify: Click or tap here to enter text. |
| \*Please provide your supervisor’s or MSVU Faculty Sponsor’s information below (if applicable): |
| 6. Supervisor | Click or tap here to enter text. |
| 7. Supervisor’s Email (MSVU email only) | Click or tap here to enter text. |
| 8. Supervisor’s Telephone Number | Click or tap here to enter text. |

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| Co-Applicants (if applicable)If more space is required, please submit a separate roster.\*Note: please use REB.FORM.014 to add, remove or reposition research team members. |
| 1. | Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| 2. | Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| 3. | Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
|  Research Assistant (s); Staff/Student/Other (if applicable)If more space is required, please submit a separate roster.\*Note: please use REB.FORM.014 to add, remove or reposition research team members. |
| 1. | Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| 2. | Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| 3. | Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |

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| Section B – Research Funding |
| 1. Research Funding Status | Choose an item. |
| 2. Grantor (Please select all that apply) | Tri-Council (SSHRC, CIHR, NSERC) [ ] Internal [ ]  Other External [ ] (Please specify other grantors): Click or tap here to enter text. |
| 3. Principal Investigator on funding | Click or tap here to enter text. |
| 4. Grant Number(s) | Click or tap here to enter text.  |
| 5. Grant Title if different from REB File | Click or tap here to enter text. |
| 6. Funding Period:  | Start Date: Click or tap to enter a date. End Date : Click or tap to enter a date. |

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| Section C – Modification Request |
| Report below all changes requested and provide a description of, and explanation for, any modifications requested to your previously approved research ethics protocol. * Note: If proposed changes are to a questionnaire or interview protocol or information letter-consent form with previous ethics approval, submit the **entire** document and highlight the sections that are revised or added. A complete copy of any new measures or scales must be attached for ethics review.
* ***Documents to Append – Please clearly label all appendices in the same format and order that they are referred to throughout this application.***
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| Protocol Methodology/Research Design | Click or tap here to enter text. |
| Recruitment | Click or tap here to enter text. |
| Consent Form/Script/Information Letter | Click or tap here to enter text. |
| Research Tools (e.g., surveys, interview guides) | Click or tap here to enter text. |
| Data Management (e.g., storage or survey platforms; locations, technologies) | Click or tap here to enter text. |
| Changes to Funding Status or Details | Click or tap here to enter text. |
| Other (please specify) | Click or tap here to enter text. |

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| Section D – Signature and Agreement |
| My/Our signature(s) below confirms that I/we will ensure that all procedures conducted as part of this project will be conducted in accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS)* found online at <http://www.pre.ethics.gc.ca/eng/index/> as well as all relevant MSVU University Research Ethics Board policies and procedures and agree to comply with the policies and procedures outlined therein. |
| Signature of Principal Investigator or Nominated Principal Investigator | Name: Click or tap here to enter text. | Date: Click or tap to enter a date. |
| **Faculty Supervisor or MSVU Sponsor (if required)**In the case of student research, as Faculty Supervisor, my signature below indicates that I have read and approved the application and proposal, deem the project scientifically valid and worthwhile, and agree to provide continuing and thorough supervision of the student(s). I will ensure that the level of risk inherent to the project is balanced by the level of research experience that the student researcher has. I will provide appropriate oversight to ensure that the research will be conducted in accordance with MSVU UREB's policies/procedures and that it adheres to this cleared protocol and consenting process. |
| Signature of Faculty Supervisor | Name of Faculty Supervisor: Click or tap here to enter text. | Date: Click or tap to enter a date. |

**Submission Process:**

1. Researchers are asked to submit the application electronically only to ethics@msvu.ca
2. Please note that recruitment and data collection may not begin until a certificate of Research Ethics Clearance has been issued.
3. Researchers may **only** use letters and/or numbers for file names and refrain from using any special characters (e.g., #; &; etc.).
4. All documents must be clearly labeled and reflect how they are referenced in the application.
5. Note - a **maximum of 2 attachments** are permitted for submission– the application (1) and the combined appendices (2)
6. Application packages shall only be accepted in the form of Word documents (\*.doc or \*.docx) or Portable Document Format (\*.pdf)

For details on specific submission criteria, please see [**Guidance Documents**](https://www.msvu.ca/research-at-the-mount/research-ethics/policies-procedures-guidelines/):

* REB.INFO.401 – Faculty & Staff
* REB.INFO.402 – Graduate Students
* REB.INFO.403 – Undergraduate Students

*Acknowledgement:* The University Research Ethics Board wishes to extend its appreciation to the Saint Mary’s University Research Ethics Board for permission to embed several aspects of their ethics form into this current UREB iteration.