Commit

**University Research Ethics Board (UREB)**



**REB.FORM.014 | Request to Change Research Study Personnel**

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| **Section A – Ethics File Details** |
| 1. Date: | Click or tap to enter a date. |
| 2. Research Ethics Clearance File #: | Click or tap here to enter text. |
| 3. Title of Research Study: | Click or tap here to enter text. |
| 4. Have there been any **unreported** changes to the study protocol, consent process or supporting documents since the most recent clearance approval? | Yes [ ]  No [ ] \*If yes, please complete REB.FORM.002 and submit with this request. Clearance for personnel changes cannot be provided until the requested change has been cleared.  |

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| **Section B – Applicant Information** |
| 1. Principal Investigator or 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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| Section C – Changes to Research Personnel |
| List the changes to the study team members here. (Signatures are not required for personnel being removed/replaced). **\*\*Please ensure that CORE Tutorial completion certificates are attached to this form (where required – see REB.POL.004)** |
| 1. | Change | Choose an item. |
| Name | Click or tap here to enter text. |
| Position Relative to Study | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| Signature |  |
| 2. | Change | Choose an item. |
| Name | Click or tap here to enter text. |
| Position Relative to Study | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| Signature |  |
| 3. | Change | Choose an item. |
| Name | Click or tap here to enter text. |
| Position Relative to Study | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| Signature |  |
| 4. | Change | Choose an item. |
| Name | Click or tap here to enter text. |
| Position Relative to Study | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| Signature |  |
| 5. | Change | Choose an item. |
| Name | Click or tap here to enter text. |
| Position Relative to Study | Click or tap here to enter text. |
| Institutional Affiliation | Click or tap here to enter text. |
| Signature |  |

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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 the 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