

Research Ethics Board Change in Study Personnel Amendment Form

Submit typed, hard copy of this form with "Original Signature" to the REB office for review: See the [Guidelines for Submitting Amendment and/or Administrative Change](#) for more information.

Date Submitted (dd/mmm/yyyy):

SECTION 1: Study Identification

MSH REB Number:

Principal Investigator:

Sponsor:

Expiry Date:

Study Title:

Name of Person Completing the Form:

Telephone Number:

Fax Number:

Email Address:

SECTION 2: Change of Study Personnel

Add	Drop	Personnel Name	Credentials	Role in Study
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Effective Date of Change (dd/mmm/yyyy):

SECTION 3: Documents

Submit any documents affected by this change. Highlight the changes (both additional and deletions) and also include a clean copy of the document.

Consent Form(s)

Wallet Card(s)

Other:

SECTION 4: Questions

Is the outgoing PI leaving MSH?

Yes

No

N/A

Does this change affect any other REB files? If yes, submit a separate form for each study.

Yes

No

N/A

Has Contracts been notified of this change?

Yes

No

N/A

Will subjects be notified of this change?

Yes

No

N/A

SECTION 5: Updated to the Toronto Academic Health Science Network (TAHSN) Initial Application

Numbers in brackets reference the question number in the TAHSN application.

- (16B) Will new personnel be reviewing health records/identifying information for recruitment purpose?
 Yes No N/A
- (16D) Will new study personnel be obtaining consent?
 Yes No N/A
 If Yes, please indicate if there is any relationship with the subjects and describe what steps will be taken to avoid the perception of undue influence.
- (20) Do any of the conflicts listed below apply to any of the new personnel involved in the research study or any member of their immediate family? If Yes, indicate which conflicts apply and append a letter to the Chair of the REB detailing these activities and how they will be managed. Disclose all contracts and any conflicts of interest (actual, apparent, perceived, or potential) relating to this project. Conflict of interest may also arise with regard to the disclosure of personal health information.
 Function as an advisor, employee, officer, director or consultant to sponsor
 Have direct or indirect financial interest in the drug, device, or technology
 Receive an honorarium
 Receive direct or indirect financial benefit from disclosure of personal health information
 Other:
 None of the above
- (22H) Will new personnel have access to the personal health information?
 Yes No N/A

SECTION 6: Signatures

6. a) Signatures for Change of Principal Investigator

Outgoing Principal Investigator Statement

I will no longer assume the role of Principal Investigator for this study and hand over the responsibility of the study conduct to the person named below as the Incoming Principal Investigator.

Print Name	Signature	Date (dd/mmm/yyyy)
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Incoming Principal Investigator

I assume full responsibility for the scientific and ethical conduct of the study as approved by the REB and submitted protocol and agree to conduct this study in compliance with the Tri-Council Policy Statement: Ethics Conduct for Research Involving Human Subjects and any other relevant regulations or guidelines. I certify that all researchers and other personnel involved in this project at this institution are appropriately qualified or will undergo appropriate training to fulfill their role in this project.

Print Name	Signature	Date (dd/mmm/yyyy)
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Department/Division/Program Head for Incoming Principal Investigator

I am aware of this change in personnel. I consider it to be feasible and appropriate. I attest that the Principal Investigator responsible for the conduct of this study is qualified by education, training, and experience to perform his/her role in this study.

Print Name	Signature	Date (dd/mmm/yyyy)
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6. b) Signature for Change in Co-Investigator

Incoming Co-Investigator

I agree to participate in this study as approved by the REB and agree to conduct this study in compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects and any other relevant regulations or guidelines.

Print Name	Signature	Date (dd/mmm/yyyy)
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6. c) Signature of Principal Investigator for Staff Changes

Current Principal Investigator

This signature attests that the Principal Investigator has assessed the safety implications of this amendment, its impact on study procedures and is prepared to take any necessary steps to implement the change(s). Further, the Principal Investigator will not implement any changes to, or deviations from the protocol without Research Ethics Board approval except to eliminate an immediate hazard to study subjects or when changes involve only logistical or administrative aspects of the study.

Print Name	Signature	Date (dd/mmm/yyyy)
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Section 7: Contact Information of Incoming Study Personnel

Incoming Principal Investigator:

Department/Division/Program: _____ Fax Number: _____
 Telephone Number: _____
 Email Address: _____

Incoming Co-Investigator:

Department/Division/Program: _____ Fax Number: _____
 Telephone Number: _____
 Email Address: _____

Incoming Study Coordinator:

Department/Division/Program: _____ Fax Number: _____
 Telephone Number: _____
 Email Address: _____