##### Amendment Request

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| REB protocol application number: | Report submission date (yyyy-mm-dd): |
| Title of research project: |
| Amendment: Briefly explain the rationale for the amendment and how it will affect your study: |
| Implementation of this amendment before REB approval is permitted ONLY if delaying would harm subjects. |
| Has the amendment already been implemented in the research? | [ ]  Yes [ ]  No  |
| If yes, provide date implemented (yyyy-mm-dd) and justification: |

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| **Attach copies of all revised documents with changes clearly identified.****Principal Investigator** |
| Name: | Signature: | Date: (yyyy-mm-dd) |