**Algonquin College Research Ethics Board – Request for Change of Protocol Form**

Researchers must use this form to request any changes that are proposed for their previously approved research studies. Researchers conducting multi-site studies should check with other institutional REBs in order to ensure their request for change of protocol requirements have been met. This form must be completed and sent by email, with any required attachments, to REBAdmin@algonquincollege.com.

| **Protocol #:** | *[As indicated on original Certificate of Approval]* |
| --- | --- |
| **Project Title:** | *[As indicated on original Certificate of Approval]* |
| **Principal Investigator:** | *[As indicated on original Certificate of Approval]* |
| **Original Approval Date:** | *[As indicated on original Certificate of Approval]* |

**1. Please indicate the changes being requested (check all that apply):**

[ ]  Participant recruitment process

[ ]  Subject population (inclusion/exclusion criteria)

[ ]  Consent forms/process

[ ]  Data collection tools (questionnaires, instruments)

[ ]  Research design (e.g. purpose, methodology, procedures)

[ ]  Data confidentiality or storage arrangements

[ ]  Study end date

[ ]  Location of study and/or inclusion of new study sites

[ ]  Changes to research personnel

[ ]  Funding

[ ]  New conflicts of interest

[ ]  Other (specify below)

Please describe ALL requested changes in detail in the space provided:

**2. Is this project funded or financially sponsored?**

[ ]  Yes [ ]  No

If Yes, please provide details of the funding:

**3. Are there any new foreseeable risks or benefits associated with the changes being requested?**

[ ]  Yes [ ]  No

If Yes, please explaining ALL risks or benefits in detail:

**4. Please indicate the expected completion date if you anticipate it changing as a result of these requests.**

**Signature of Principal Investigator Date**