



Vice-President,
Research and Innovation

Amendment Application Form – DEC Approved Research

Protocol Title:	
Investigator:	
Supervisor:	
Submission Date:	

1. Provide a description of the amendment.

2. Provide justification for the amendment.

3. Do the proposed changes affect, or have the potential to affect, any risks to participants?

Attachments

Please attach any new documents or materials that have changed to the end of this application and check off what has been included below. If possible, please highlight or otherwise make note of changes from the previously approved version.

Ethics Protocol

Informed Consent Documents

Interview, Focus Group, and Survey Questionnaires

Partnership Agreement

Research Instruments

Other Attachments 1

Other Attachments 2

Other Attachments 3

Other Attachments 4

Other Attachments 5

**DEPARTMENTAL ETHICS COMMITTEE (DEC) AMENDMENT REVIEW FORM
(For committee use only)**

Purpose of this form: This form is used to document the departmental ethics committee's (DEC) review of an undergraduate student's human ethics amendment or course-based research amendment application.

Student Investigator or Instructor			
Project Title			
Please check the boxes and provide your recommendations as appropriate.			
<p>The submission meets the criteria for Departmental Review (i.e., student or course-based project that is minimal risk).</p> <p>I have reviewed this submission to ensure completeness.</p> <p>This submission appears to comply with the TCPS2, relevant department and university policies, and disciplinary standards. All ethical issues appear to have been addressed.</p>			
Approval Recommendations			
<p>I approve of the proposed procedures and materials in their present form.</p> <p>I require clarifications or modifications (see comments) that need my further review before granting approval.</p> <p>I require minor modifications (see comments) that, if implemented by the applicant, do not need my further review before granting approval.</p> <p>I do not approve of this submission (e.g., it is faculty research or exceeds minimal risk) and refer it for UHREB review.</p> <p>The submission could not be fully reviewed because it is missing required materials or attachments (see comments).</p>			
Additional Comments (optional)			
DEC Student Ethics Approval (DEC approval of student Delegated Review submission)			
The student Delegated Review submission has been approved.			
DEC Chair Name		Department	
DEC Signature		Date	
Amendment Approval Expiry Date			

*Approval Expiry Date should match the original full application expiry.