

CHANGE IN PRINCIPAL INVESTIGATOR AMENDMENT

Please submit a typed signed hard copy of this form to the REB office

Date of this submission (dd/mmm/yyyy):	
Study Title:	
NYGH REB #:	Funding Source:
Current NYGH Investigator name :	

Outgoing NYGH Principal Investigator:			
First Name :	Last Name:		
Credentials:	Department:		
Email Address:			
Incoming NYGH Principal Investigator:			
First Name :	Last Name:		
Credentials:	Department:		
Email Address:			
Mandatory Ethics Certifications: TCPS2 <input type="checkbox"/> Privacy <input type="checkbox"/> GCP <input type="checkbox"/> Other, Specify:			
Access to PHI Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Effective Date of Change (dd/mmm/yyyy):			
1. Does this change affect any other open REB files?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • If "Yes", Please submit a separate form for each study 			
2. Is the outgoing PI leaving NYGH?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has the Department/Division/Program Head been notified of this change?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please note that PIs leaving NYGH must notify the Department/Division/Program Head prior to leaving the institution in order to ensure appropriate handover of all responsibilities for ongoing and completed studies.			
4. Will the study participants be notified of this change?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • If "No", Please state the reason: • 			
5. Will this change require a revision to existing study contracts/agreements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
N/A –There is no contract/agreement for this study <input type="checkbox"/>			

Please complete the table below and submit one clean copy and one tracked changes copy of all applicable study documents affected by this change .

Document Title	Version #	Version Date

CHANGE IN PRINCIPAL INVESTIGATOR AMENDMENT

Name of the outgoing study PI:	
As of the "Effective Date of Change" listed above, I will no longer retain the role of Principal Investigator for this study. I hereby hand over the responsibility of the study conduct in its entirety to the person named below as the Incoming Principal Investigator.	
Signature of Outgoing Study PI	Date (dd/mmm/yyyy)
Name of the Incoming Study PI :	
As of the "Effective Date of Change" listed above, I assume full responsibility for the scientific and ethical conduct of this study and agree to conduct this study in compliance with the current edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects (TCPS), Personal Health Information Protection Act (PHIPA) and any other relevant regulations or guidelines. I certify that all researchers and personnel involved in this study at this institution are appropriately qualified and trained or will undergo appropriate training to fulfill their role(s) in this study.	
Signature of Incoming Study PI	Date (dd/mmm/yyyy)
Department/Division/Program Head for Incoming Principal Investigator:	
I am aware of this change in Principal Investigator. I consider it to be feasible and appropriate. I attest that the Incoming Principal Investigator who will assume responsibility for the conduct of this study is qualified by education, training, and experience to assume the role of Principal Investigator for this study.	
Signature Department/Division/Program Head	Date (dd/mmm/yyyy)

FOR RESEARCH ETHICS OFFICE USE ONLY

Date Submitted :	NYGH REB # :
Review Type: Full Board / Delegated	
Decision:	
_____	_____
Chair, Research Ethics Board /designate	Date (dd/mmm/yyyy)