

## CHANGE IN STUDY PERSONNEL 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 #:	Multi -Site Study?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of NYGH Investigator:	
Funding Source:	

1. Does this change involve change of study Principal Investigator? Yes     No
- *If “Yes”, please submit Change in Principal Investigator Amendment Form.*

2. Study Personnel Information:

Add / Remove	Study Personnel Name	NYGH Affiliation	Study Role*	Study Task(s)**	Access to PHI?	TCPS2	Privacy
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Study Role: PI, Co-PI, Research Coordinator, Statistician, Research Student, Trainee, Fellows etc.*

*\*\*Study Tasks: Chart Review, Data Analysis, Data Collection, Data Entry, Obtain Informed Consent, Participant Recruitment, Protocol Development etc.*

3. Will this change impact resource utilization from other NYGH departments - e.g. Health Records, Imaging, Pharmacy etc.? Yes     No
4. Will this change require a revision to existing contracts/agreements related to this Study? ( N/A – there is no contract/ agreement for this study  ) Yes     No
5. Will the requested personnel change(s) require modification to study document(s) - (e.g. information letter, consent form(s), other study document(s))? Yes     No
- *If “Yes”, Please complete the table below and submit one clean copy and one tracked changes copy of all applicable documents.*

Document Title	Version #	Version Date

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**4. Statement of North York General Hospital Principal Investigator (PI):**

(A North York General Hospital Sub/Co-Investigator may sign in absence of PI if delegated by PI on the Task Delegation Log.)

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 to fulfill their role in this study.

\_\_\_\_\_

Name of Investigator

\_\_\_\_\_

Signature of Investigator

\_\_\_\_\_

Date (dd/mmm/yyyy)

### FOR RESEARCH ETHICS OFFICE USE ONLY

Date Submitted :

NYGH REB # :

Review Type: Full Board / Delegated

Decision:  Change in Study Personnel Request approved as submitted.

Change in Study Personnel Request requires revision and resubmission.

The following additional information and/or revisions are required for REB review:

\_\_\_\_\_

Chair, Research Ethics Board//designate

\_\_\_\_\_

Date (dd/mmm/yyyy)