##### Amendment Form

You are required to obtain approval for any amendment to your study by submitting this Amendment Form to [CBSREB@blood.ca](mailto:CBSREB@blood.ca). Submission of this Form will ensure timely review and approval of your requested changes.

An Amendment Form must be submitted to request changes to the protocol, consent forms, recruitment materials, blood products or data fields being requested, or changes in the principal investigator or other authorized persons (e.g. co-investigator, contact).

Note: A Renewal Form and an Amendment Form can be submitted and reviewed in parallel.

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| Section 1: Study Information | |
| 1. Principal Investigator Name (First, Last): 2. Project title: 3. CBS REB protocol number: | |
| Section 2: Proposed Amendment | |
| 1. Briefly explain the rationale for the proposed amendment and how it will affect your study: | |
| 1. Has the proposed amendment already been implemented in the research? | Yes  No |
| If yes, provide date implemented (yyyy-mm-dd) and justification. Note that implementation of an amendment before obtaining Canadian Blood Services approval is permitted ONLY if delaying would harm participants: | |
| 1. Have you revised the approved Canadian Blood Services study application and related documents (changes must be clearly identified with track changes)? | Yes  No |
| Please note that your revised documents MUST be attached to your Amendment Form. Amendment request will not be processed without the revised documents. | |
| 1. Did your study application to Canadian Blood Services include an institutional REB approval? | Yes  No |
| If yes, please provide evidence of the institutional REB approval of the amendment by providing the institutional REB approval letter. | |

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| Principal Investigator Name: | Signature: | Date: (yyyy-mm-dd) |