



Proposed Amendments Form

File number:

Project Title:

Primary Investigator:

Date your Ethics Certificate Expires: (dd/mm/yy):

- 1. Using bullet points, please provide a succinct review of the progress of your research up to this point in time:**
[ENTER YOUR TEXT HERE]
- 2. Describe, in detail, each of the changes you wish to make to your approved application (see Article 6.16, TCPS-2, 2014):**
[ENTER YOUR TEXT HERE]
- 3. Do any of the changes outlined in Question 2 deviate from the risk stipulated in the approved ethics application?**
Yes ☐ No ☐
- 4. If you answered Yes to Question 3, provide a detailed explanation for how you will address the change in risk.**
[ENTER YOUR TEXT HERE]

In completing and signing this document you confirm that you have acknowledged any changes to your project, and continue to conduct your study with integrity and in accordance with the ethics certificate you were issued (see file number listed above) and St Mary's University Research Ethics Board (REB): Policy.

Signature of Primary Investigator

Date: (dd/mm/yy)