##### 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). For example, 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.

Section 1: Study Information

|  |  |
| --- | --- |
| Principal Investigator  (First and Last Name) |  |
| Study title |  |
| CBS REB number |  |

Section 2: Proposed Amendment

**2.a.** Briefly explain the rationale for the proposed amendment and how it will affect your study. In addition, revise the approved Canadian Blood Services study application and related documents according to the proposed amendment (changes must be clearly identified with track changes).

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**2.b.** Has the proposed amendment already been implemented in the research?

Yes  No

If yes, please provide date implemented (yyyy-mm-dd) and justification. Note the implementation of an amendment before obtaining Canadian Blood Services approval is permitted ONLY if delaying would harm participants.

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**2.c.** Did your study application to Canadian Blood Services include an institutional REB approval?

Yes  No

Section 3: Principal Investigator Signature

By typing my name and the date below, and submitting this amendment, I, the Principal Investigator on this study, declare that all of the information provided in the amendment and supporting documents is accurate and complete to the best of my knowledge and I agree to accept responsibility for the scientific conduct of the proposed study.

I confirm that the following supporting documents are provided with this form:

**Clean and signed copy** of the revised Canadian Blood Services study application and related documents. **Signature dates must be updated in the revised documents.**

**Track changes copy** of the revised Canadian Blood Services study application and related documents.

If applicable (see 2.c.), **institutional REB approval letter** as evidence of the institutional REB approval of the amendment.

|  |  |
| --- | --- |
| First, Last Name |  |
| Date (YYYY-MM-DD) |  |