# Instructions

1. Complete all sections. Please write “N/A” if a section is not applicable to your research/training protocol.
2. Attach a copy of all relevant permits, questionnaires, interview schedules, tests, informed consent forms, project budget, and/or other items required for a complete review of your amendment request form.
3. Submit this form to the Chair of the Research Ethics Committee via email – [chairREC@auroracollege.nt.ca](mailto:chairREC@auroracollege.nt.ca)

Please note that unapproved changes to the protocol cannot be carried out until they have been approved by the REC. If an unapproved change has already been made to the protocol, please submit an Unanticipated Event Report.

# Project Identification

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator Name | Click or tap here to enter text. | REC Protocol # | Click or tap here to enter text. |
| Affiliation | Click or tap here to enter text. | | |
| Division/Faculty | Click or tap here to enter text. | | |
| Mailing Address | Click or tap here to enter text. | | |
| E-Mail Address | Click or tap here to enter text. | Phone Number | Click or tap here to enter text. |
| Project Title | Click or tap here to enter text. | | |

# Proposed Changes

1. Please check all applicable boxes to indicate which sections of the study protocol may be changed

1. **Principal Investigator Information**

Principal Investigator (PI)

PI Affiliation

1. **Project Details**

Title of Project

Study dates

Study locations

Study dates

Study objectives

Research design or methodology

1. **Risks and Benefits**

Estimation of risks

Risk mitigation plan

Potential benefits

Compensation and reimbursement

1. **Recruitment**

Study population

Recruitment process

Sample size

Accommodation for participant cultural/language needs

1. **Informed Consent**

Consent process  
 Assent process

Community consultation

Deception (including partial disclosures)

Participant withdrawal process

Follow-up/debriefing

1. **Privacy and Confidentiality**

Data management protocol

Persons with access to study data

Privacy and confidentiality protocols

Data retention/disposal

Secondary use

1. **Dissemination**

Plan for dissemination

Research products

Community-level dissemination

1. **Research Instruments   
   (questionnaire, interview guide, etc.)**

Changes to any research instruments

1. **Consent Form and Information Sheet** Changes to information sheet  
    Changes to consent form

2. Please describe the proposed study amendment and its rationale:

Click or tap here to enter text.

3. Will the proposed amendment affect the rights and interests of the study participants? Will the proposed amendment affect the potential risks associated with participating in the study?

**Yes  No**

a. If YES, please explain:

Click or tap here to enter text.

4. Do you plan to re-contact participants who are already enrolled in the study?

**Yes  No, there is no follow-up required**

a. If YES, please indicate which follow-up is planned:

Informing the study participants of the changes to the study as soon as possible

Seeking new informed consent from participants

Other (please specify):

Click or tap here to enter text.

5. Please indicate which, if any, of the study documents will require revision and attach copies with revisions **emboldened,** CAPITALIZED or otherwise highlighted:

Information sheet

Consent form

Research instruments

Interview question list

Other (please specify):

# Signatures

Principal Investigator Name:  
  
  
  
Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_