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| http://sharepoint.auroracollege.nt.ca/pf/Communications%20%20Print%20Templates/Logos/Aurora%20College%20Logo%20CMYK%20-%20vertical%20text%20on%20bottom.jpgAurora College Research Ethics CommitteeRenewal Request Form |  |

## 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 renewal request form. |
| 3. | Submit this form to the Chair of the Research Ethics Committee via email – chairREC@auroracollege.nt.ca |
| Please note that research cannot be carried out if a protocol is expired. If your protocol has expired, please submit a new Application for Review form to chairREC@auroracollege.nt.ca. |

## Project Identification

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator Name |  | REC Protocol # |  |
| Affiliation |  |
| Division/Faculty |  |
| Mailing Address |  |
| E-Mail Address |  | Phone Number |  |
| Project Title |  |

## Summary of Work to Date

1. Please describe the work that was done in the past year. Be sure to note any complications or unanticipated events, as well as any steps taken to address them.

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## Anticipated Changes

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| --- | --- |
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Proposed

1. Do you anticipate that there will be changes to any section of the protocol after renewal (please check all that apply)?
2. *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

1. Please describe the rationale for anticipated changes.

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1. 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):

## Plans for Upcoming Year

1. Please provide a summary of the work that will be completed in the coming year, including a timeline.

## Signatures

Principal Investigator Name:

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

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