# OVHLOGO_2CPOS_RGBOak Valley Health Research Ethics Board (REB)

# CHANGE IN STUDY PERSONNEL FORM

**Please complete this form electronically (i.e., not handwritten) and submit a copy with all applicable signatures to the REB at** [**ResearchAdmin@msh.on.ca**](mailto:ResearchAdmin@msh.on.ca)

\*\*Note: changes affected by this form should only be administrative. Any additional changes will require an Amendment Form.

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| **I. STUDY INFORMATION** | | | |
| Date of Submission: |  | | |
| Site: | Markham Stouffville Hospital  Uxbridge Hospital | | |
| Study title: |  | | |
| Oak Valley Health REB #: |  | Study expiry date: |  |

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| **II. NATURE OF CHANGE & RATIONALE** (Check all that apply) | |
|  | Addition or Removal of Study Personnel (e.g., coordinators, students, volunteers, etc.) 🡪 **Complete Section III** |
|  | Change in Principal Investigator 🡪 **Complete Section III and IV** |
|  | Change in Co-Investigator(s) 🡪 **Complete Section III and V** |
| **Specify the reason(s) for change(s) in study personnel or investigator(s):** | |

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| **III. STUDY PERSONNEL CHANGES** (Please add additional rows if needed) | | | | | | | | |
| **Please list personnel being added or removed from the research study (e.g., investigators, coordinators, students, volunteers, etc.) For personnel being added, please indicate whether research training has been completed based on the study type and provide copies of training certificates.** (for more information about research training please visit ACORN REB page) | | | | | | | | |
| **Add** | **Remove** | **Personnel Name** | **Role in the study** | **Contact Information (Email, Phone #)** | **TCPS2** | **GCP E6 R2** | **HCD5** | **Effective Date of Change** |
|  |  |  |  |  |  |  |  | Click here to enter a date. |
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| **IV. SIGNATURES: CHANGE IN PRINCIPLE INVESTIGATOR** (if applicable) |
| **Outgoing Principal Investigator Statement**  I will no longer assume the role of Principal Investigator for this study and hand over the responsibility of the study conduct to the person named below as the Incoming Principal Investigator.  **Print Name:**       **Signature**:   **Date:** |
| **Incoming Principal Investigator Statement**  I hereby assume full responsibility for the scientific and ethical conduct of the study as approved by the REB and submitted protocol and agree to conduct this study in compliance with the Tri-Council Policy Statement 2 (TCPS2) and any other relevant regulations and guidelines. I certify that all researchers and other personnel involved in this project at this institution are appropriately qualified or will undergo appropriate training to fulfill their role in this project.  **Print Name:**       **Signature**:   **Date:** |
| **Departmental/Division/Program Head for Incoming Principal Investigator**  I am aware of this change in personnel. I consider it to be feasible and appropriate. I attest that the Principal Investigator responsible for the conduct of this study is qualified by education, training, and experience to perform his/her role in this study.  **Print Name:**       **Signature**:   **Date:** |

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| **V. SIGNATURES: CHANGE IN CO-INVESTIGATOR (if applicable. Please add additional sections if needed)** |
| **Incoming Co-Investigator**  I agree to participate in this study as approved by the REB and agree to conduct this study in compliance with the Tri-Council Policy Statement 2 (TCPS2).  **Print Name:**       **Signature**:   **Date:** |

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| **VI. ADDITIONAL DOCUMENTS TO BE SUBMITTED** | |
| Along with your Personnel Change Form, please ensure the following are provided for **all study personnel being added** (e.g., investigators, coordinators, students, volunteers, etc.). The documents mentioned below can be found on the REB external website and/or the REB Acorn intranet page. | |
| **Please check off all of the following required documents that are attached:** | |
|  | Conflict of Interest (COI) Declaration *(one for each added study personnel)* |
|  | Confidentiality Agreement *(one for each added study personnel)* |
|  | Privacy Attestation Signature Slide *(one for each added study personnel)* |
|  | Copy of most up-to-date CV *(one for each added study personnel)* |

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| **VII. CHANGES TO STUDY DOCUMENTS** (Do the requested change(s) require modification to the following?): | |
| **Protocol** | Yes  No  If no, justify why no change is required: |
| **Participant Materials** (e.g., Information Letters, Consent Forms, Study Ads, Questionnaires, etc.) | Yes  No  If no, justify why no change is required: |
| **Other** | Specify: |
| List of Attached Documents Please submit any documents affected by this change (i.e., adding name(s) to the consent form). Provide clean and tracked (redlined) copies of revised study documents. Please ensure you provide updated version dates of revised documents. Add additional rows as needed.   |  |  |  |  | | --- | --- | --- | --- | | **Type of document** | | **Name of Document** | **Version number/date** | | **Clean** | **Tracked** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

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| **VIII. EXISTING CONTRACTS** | |
| N/A, this study does not have any existing contracts  Applicable  **If applicable, select one of the following:** | |
| **Research Contracts have been contacted and:** | |
|  | A submission has been made to the Office of Research |
|  | The change does not affect current contracts/agreements in place |
|  | A contract/agreement is not required for this change |

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| **IX. SIGNATURE AND ATTESTATION OF PRINCIPAL INVESTIGATOR FOR STUDY PERSONNEL CHANGES** |
| **Current Principal Investigator**  This signature attests that the Principal Investigator has assessed the safety implications of this amendment, its impact on study procedures and is prepared to take any necessary steps to implement the change(s). Further, the Principal Investigator will not implement any changes to, or deviations from the protocol without Research Ethics Board approval except to eliminate an immediate hazard to study subjects or when changes involve only logistical or administrative aspects of the study.  **Print Name:**       **Signature**:   **Date:** |