**RESEARCH ETHICS BOARD**

**PROTOCOL AMENDMENT AND DEVIATION REPORTING**

*Any amendments or deviations to original study protocol must be approved by the Research Ethics Board.*

**PROTOCOL INFORMATION:**

QCH Protocol #:      Last Renewal Approval:       Original Approval:

 YY/MM/DD YY/MM/DD

Principal Investigator:

Protocol Title

Co-Investigators (if changed from last approval):

Research Coordinator Name:       Email:       Tel:

**PROTOCOL AMENDMENT** **[ ]**

Please attach amended protocol with changes outlined.

*Summarize any changes below:*

**PROTOCOL DEVIATION REPORTING [ ]**

Please complete this section if the approved protocol has been deviated from. The REB may choose to recall approval if the deviations do not comply with the prescribed guidelines as outline in the Tri-Council Policy Statement.

*Summarize deviation below:*

**Signature of Principal Investigator Date**