**REQUEST FOR APPROVAL of an AMENDMENT to an APPROVED PROTOCOL**

**Who should complete this form:** Researchers requesting approval of a change

to an approved ethics protocol

**Instructions: Please complete this form and submit it via email to ore@yorku.ca**

**Principal Investigator:**

**Project Title:**

**Certificate #:**

**NOTE:  Beginning on July 16th, 2021, in-person/face-to-face research involving human participants will resume with exceptions, subject to approved health and safety plans, current ethics and/or permit approval and applicable physical distancing requirements.**

**Please confirm one of the following:**

[ ]  Your project does not involve face to face research; or

[ ]  Your research was originally approved to include face to face research, however you are suspending said activities until all Covid-19 restrictions are lifted; or

[ ]  Your research does involve face to face research and you wish to amend your protocol to move to remote options.

[ ]  Your research does involve face to face contact and you wish to resume research activities.

**If so,**

Is the research non-invasive? Yes [ ]  No [ ]

Is the research with ‘low risk’ participants? Yes [ ]  No [ ]

**If ANY of the answers are ‘No’, please contact Alison Collins-Mrakas (****acollins@yorku.ca****) for more information.**

**Please complete the following additional questions:**

[ ]  I have completed “[**Addendum: Checklist for In-person Research with Human Participants”**](https://yulink-new.yorku.ca/group/yulink/research-documents-forms#ORE)

[ ]  I have included with this amendment:

[ ]  An informed consent form that includes COVID-19-specific consent language (see [**Template - COVID-19 consent language**](https://yulink-new.yorku.ca/group/yulink/research-documents-forms#ORE));

[ ]  Health and Safety Plan, outlining infection control procedures.

1. **Which element(s) of the protocol require(s) amendment (i.e. risks, participant pool, recruitment method etc.)? *(If applicable - Please include any changes required to move to remote options)***

1. **Please describe the proposed amendment *(If applicable - Please include any changes required to move to remote options)***

1. **Does this represent a substantive change to the approved protocol? Why or why not?**

***NOTE:***

1. *If the changes ARE substantive, please note that a full committee review is required. Please re-submit a revised HPRC protocol to the HPRC/Manager Research Ethics at your earliest convenience.*
2. *If there are changes in your Informed Consent Form, please append the revised copy.* ***Please ensure your revisions are made in tracked changes for comparison purposes to the original submission.***

**----------------------------------------------------------------------------------------------------------**

**PI Signature**

**---------------------------------------------------------------------------------------------------------**

**Date**