**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**](mailto: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**