

University of New Brunswick – Research Ethics Board

Application for Modification of Research Project Involving Humans

REB File Number:

Application Date:

(mm/dd/yyyy)

Project Title:

Principal Investigator Name:

Signature: _____

Email Address:

Department/Faculty:

Supervisor Name(s):

Signature(s): _____

(Note: Only when PI is a student)

Summary of Requested Modifications:

Will the risk of harm or deception/partial disclosure change?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the nature or the objectives of the research change?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the changes to the research design be:	Major	<input type="checkbox"/>	Minor	<input type="checkbox"/>
			None	<input type="checkbox"/>
Will the changes to the ethics protocol be:	Major	<input type="checkbox"/>	Minor	<input type="checkbox"/>
			None	<input type="checkbox"/>

Which sections of the approved REB application will be affected by the modification(s)?
**List all affected Sections (e.g. Recruitment, Consent, Data Security etc.) below.

Detailed Description of the Requested Modifications:

Outline the planned changes to the research design and/or ethics protocol (status before the changes and after the changes) along with justifications and implications.

- If more pages are needed, please attach them and check here:
- Please append the approval notice from your department or faculty Ethics Review Committee should one exist.
- Original signatures are required.