

# CHANGE IN STUDY PERSONNEL FORM

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| **The Osler Research Ethics Board serves as the Board of Record for Headwaters Health Care Centre and Home & Community Care Support Services Central West.** Sites included in this review (**PLEASE CHECK ALL THAT APPLY**):**[ ]**  William Osler Health System **[ ]**  Headwaters (HHCC) **[ ]**  Home & Community Care Support Services CW |

Date of Submission:

1. STUDY TITLE

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| Full Study Title: |       |
| Osler REB #: |       |
| Name of PI: |       |

**Please submit any documents affected by this change (i.e., adding name(s) to the consent form). Track the changes (both additional and deletions) and also include a clean copy of the document. Please note, changes affected by this form should only be administrative, any additional changes will require an Amendment Form.**

1. STAFF CHANGES (Please add additional rows or multiple pages if needed)

| Add | Drop | Personnel Name | Credentials | Role in Study |
| --- | --- | --- | --- | --- |
| [ ]  | [ ]  |       |       |       |
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| Effective Date of Change:       |

1. CONTACT INFORMATION OF INCOMING STUDY PERSONNEL (\*Please add additional sections if needed – one per person)

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| First Name |       | Last Name |       |
| Title (ie Oncologist, Ethicist, Grad Student ) |       | Centre/Institution |       |
| Mailing Address: (street, city, province, postal code): |       | Telephone: |       |
| Email: |       | Fax: |       |

1. SIGNATURES: CHANGE IN PRINCIPAL INVESTIGATOR

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| **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      SignatureDate (dd/mmm/yy)      **Incoming Principal Investigator Statement**I 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 (TCPS) 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      SignatureDate (dd/mmm/yy)       |
| **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      SignatureDate (dd/mmm/yy)       |

1. SIGNATURES: CHANGE IN CO-INVESTIGATOR, STAFF (\*Please add additional sections if needed)

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| **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: Ethical Conduct for Research Involving Human Subjects and any other relevant regulations or guidelines.Print Name      SignatureDate (dd/mmm/yy)       |

**PRINCIPAL INVESTIGATOR ATTESTATION (Incoming PI if applicable):** 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. It is the PI’s responsibility to ensure study personnel are appropriately trained on appropriate data access and protection methods for this study. The PI will ensure study personnel are trained that shared clinical systems are not permitted to be accessed for research purposes under any circumstance.

Print Name Signature Date (dd/mmm/yy)

DOCUMENTS ATTACHED

| **NAME OF DOCUMENT** | **VERSION****NUMBER/DATE** | **ATTACHED** | **PENDING** |
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| **TCPS2 Certificate (Required for all studies)** |  |  |  |
| **GCP E6 R2 Certificate (Required alongside TCPS2 Certificate if conducting a prospective study)** |  |  |  |
| **Health Canada Division 5 Certificate (Required alongside TCPS2 Certificate and GCP for regulated trials)** |  |  |  |
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