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| **Behavioural Amendment** | **For Internal Use Only** |
| **UnivRS Internal ID:****Date Received:** Click here to enter a date. |

**Key Information**

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| --- |
| UnivRS Internal Project ID# or old Ethics ID# (Beh xx-xxx):\* PI Name: \*      Title: \*Current status of this project: \* Choose an item.Summarize and provide rationale for proposed revision(s): \* Indicate how participants will be notified of proposed revisions: \* Choose an item.If other, specify:  |

**Change to Sponsor(s) and Agency(ies)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sponsor(s)**

|  |  |
| --- | --- |
| **Add / Remove:** | **Sponsor:** |
|  |  |

**Agency(ies)**

|  |  |
| --- | --- |
| **Add / Remove:** | **Agency:** |
|  |  |

Project Application(s) Directly Associated with the Fund(s) Supporting this Project Specify the UnivRS Internal ID# (for pending grants or contracts): Project(s) Directly Associated with the Fund(s) Supporting this ProjectSpecify the UnivRS Internal ID# (for awarded grants or contracts):  |

**Change to Location(s) Where Research Activities are Conducted**

|  |  |  |  |  |  |  |
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| **Add / Remove:** | **Building or Organization:** | **Country:**  |
|  |  |  |

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**Change to Project Personnel**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Principal Investigator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New PI Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
|  |  |  |  |  |

**Sub-Investigator(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
|  |  |  |  |  |  |

**Student(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
|  |  |  |  |  |  |

**Primary Contact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
|  |  |  |  |  |  |

**Secondary Contact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
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**Declaration by Principal Investigator**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **By submitting this amendment form, the Principal Investigator confirms that he/she is responsible for the scientific and ethical conduct of this project and agrees to conduct this project in compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 2014), the Personal Health Information Protection Act (HIPA) and other relevant laws, regulations or guidelines.**

|  |
| --- |
|  Date the form was completed: Click here to enter a date. |
|  Name of person who completed the form: |       |

 If form submitted on behalf of the PI:

|  |
| --- |
|        is authorized to prepare and submit this form on behalf of the Principal Investigator |
|  Authorized person contact information: |
|  Email:       | Phone:       |

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**Document(s)**

Provide a list of documents that are being submitted along with this amendment: