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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 Project  Specify the UnivRS Internal ID# (for awarded grants or contracts): |

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

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

**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):** | |  |  |  |  |  |  | |

**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: | |

**Document(s)**

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