**RESEARCH ETHICS BOARD**

**CHANGE IN PRINCIPAL INVESTIGATOR AMENDMENT APPLICATION FORM**

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| ***Please use this form only for reporting a change in Principal Investigator (PI) of a REB approved study. For any other changes to the study personnel, please use “Change in the Study Personnel/Study Coordinator/Co-investigator” form. Please include TCPS 2 and Chart Review Tutorial Certificates of the new PI with this amendment application.*** |
| **SECTION 1: Study Identification**  Date of Application(yyyy/mmm/dd) :       REB File #:  Sponsor (if any):  Study Title:  Study Expiry Date (yyyy/mmm/dd):  Current PI:       Phone:       E-mail:  Person Completing the Form:       Phone:       E-mail: |

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| **SECTION 2: Incoming Principal Investigator**  First Name:       Last Name:       Credentials (MD, Ph.D., RN etc.):  Department/Division/Program:       Phone:  E-mail:       Effective Date of Change (yyyy/mmm/dd): |

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| **SECTION 3: Documents**  Submit any documents affected by this change. Highlight the changes (both additions and deletions) and also include a clean copy of the document.  Consent Form(s)  Wallet Card(s)  Recruitment-Related Materials Specify:  Participant-Directed Materials Specify:  Other: |

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| **Section 4: Questions:**  1) Is the outgoing PI leaving Waypoint Centre for Mental Health Care? Yes  No  If ‘Yes’, has the Manager, Research and Academics been notified of this change? Yes  No  2) If PI not leaving Waypoint Centre for Mental Health Care, that is the reason for requesting a change in PI  3) Does this change affect any other REB files? Yes  No  (If yes, submit a separate form for each study)  4) Has the Manager, Research and Academics been notified of this change? Yes  No  5) Will study participants be notified of this change? Yes  No  N/A  (No current Participants)  6) Do any of the conflicts listed below apply to the incoming PI or any member of his/her immediate family? Yes  No  If Yes, indicate which conflicts apply and append a letter to the Chair of the REB detailing these activities and how they will be managed. Disclose all contracts and any conflicts of interest (actual, apparent, perceived, or potential) relating to this project. Conflict of interest may also arise with regard to the disclosure of personal health information.  Function as an advisor, employee, officer, director or consultant to sponsor  Have direct or indirect financial interest in the drug, device, or technology  Receive an honorarium  Receive direct or indirect financial benefit from disclosure of personal health information  Other:  None of the above |

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| **Important Information:**  1) If the study is governed by one or more research agreements or contracts, please inform the Manager of Research & Academics of the change in PI.  2) If the study involves research support services from other departments or programs of the hospital (such as Pharmacy, Laboratory medicine, Decision support etc.), please inform the affected departments or programs of the change in PI. |

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| **Section 5: Signatures for Change of Principal Investigator**  **A. 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 Signature Date (yyyy/mmm/dd)  **B. 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 on Ethical Conduct of Research Involving Humans; The International Conference on Harmonization of Good Clinical Practices; Part C Division 5 of the Food and Drug Regulations of Health Canada; and the provisions of the Ontario Personal Health Information Protection Act 2004 and its applicable Regulations. 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 Signature Date (yyyy/mmm/dd)  **C. Department/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 Signature Date (yyyy/mmm/dd)  **D. Manager, Research & Academic Operations:**  I confirm that this application for change in Principal Investigator meets institutional requirements of research impact analysis.  Print Name Signature Date (yyyy/mmm/dd) |

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| **REB OFFICE USE ONLY:**  REB Approved Yes  No  Date of REB Approval (yyyy/mmm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUBMIT COMPLETED FORM TO:**

Glenn A. Robitaille, M.Div., D.Min., RP

Chair, Research Ethics Board

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