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|  | RID No.: |  |
|  | Submission Date: |  |

**EXTERNAL RESEARCH RECRUITMENT**

**AMENDMENT FORM**

The intent of this form is to update Lakeridge Health research department on the progress of the study. All revisions, additions or deletions to approved studies are considered amendments, and must be submitted by the PI to the Research Coordinator for Institutional review and acknowledgement.

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| **Study Title / Protocol No.:** |  | |
| **External PI:** |  | **Email:** |
| **LH Contact Person:** |  | **Email:** |

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| **REB Initial Approval Date:** |  |
| **REB Amendment Approval Date:** |  |
| **LH Institutional Approval Date:** |  |

**List Recruitment Documents Being Amended** *(name, version and date)***:**

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**Principal Investigator Declaration:**

I accept the amendments as submitted. I have assessed the safety implications of the amendments and the impact on study procedures, and I am prepared to take all necessary steps to implement the changes.

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| Print Name | Signature of Principal Investigator | Date |