



EMILY CARR UNIVERSITY RESEARCH ETHICS BOARD (ECU-REB) FORM 204.1 Annual Review / Request for Amendments

On an annual basis, the Principal Investigator must provide this report to the ECU-REB. It can also be completed at any time to request a review to amendments to the approved participant research activities. Return the original signed copy of this form (or an electronically scanned version) to the Research Ethics mail box or to ethics@ecuad.ca. It can be accompanied by any additional documents that will support this report. **Please do not ask the front desk or security staff to deliver confidential materials.**

(ECU-REB Use Only) ► File # & Current Status:	
Date Received:	Date Reviewed:
ECU-REB reviewer of the request for amendments:	
Status/Date:	

SECTION A – GENERAL INFORMATION

1. PROJECT TITLE:				
2. Approved dates of research:				
	Name	Faculty	Phone	E-Mail
3. Principal Investigator or Faculty Supervisor:				

SECTION B – PROPOSED CHANGES TO RESEARCH

<p>1. Have there been changes to names of PI or co-applicants? If yes, provide the new names, titles, and an explanation for this change:</p>	
<p>2. Will there be changes to dates of research? Provide the new dates and an explanation for this change:</p>	
<p>3. Have there been changes to the external partnerships or locations of research? If so, provide the names of the new partners and locations. Provide explanations for the changes, and copies of any new agreements with the partners:</p>	
<p>4. Have there been any changes to the methods (including recruitment, consent processes,</p>	



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<p>and research activities)? Provide explanations for the changes and copies of any new recruitment materials, consent forms, data collection tools, etc.)</p>	
<p>5. Are there any other changes to the research that you wish to report to the ECU-REB?</p>	

SECTION C – REPORT OF RESEARCH TO DATE

<p>1. Provide a brief description of the progress of the research to date. Attach supporting documents if necessary:</p>	
<p>2. Number of human participants who have been engaged in this research so far:</p>	
<p>3. Have there been adverse incidences affecting the participants? If yes, complete and attach FORM 204.2 Adverse Incident Report.</p>	

SECTION D – SIGNATURE

<p>Principal Investigator or Faculty Supervisor:</p>	<p>Date</p>
<p>Other Investigators:</p>	