



PROTOCOL AMENDMENT REPORT

AMENDMENTS MUST BE SUMMARIZED ON THIS CONTROL SHEET. ALL CHANGES MUST BE HIGHLIGHTED AND/OR DESCRIBED IN A SUMMARY PARAGRAPH (attach additional page if required).

PROTOCOL NUMBER:	
PROTOCOL TITLE:	
Principal Investigator at the Ottawa Hospital:	
Date of Amendment:	
Revised Protocol Date and Version	

PLEASE INDICATE TYPE OF AMENDMENT AND SEND APPROPRIATE COPIES TO OHREB:

MAJOR Amendment (Send 2 Copies) - Involves Changes to:

- Objectives Design Information Sheet or Consent Form Inclusion/Exclusion Criteria
 Number of Patients in Study Change in Dosage or Procedure

MINOR Amendment (Send 1 Copy) - Involves Changes to:

- Typographical or Grammatical Changes Change or addition of Co-Investigator
 Extension of Existing Study Other

In the space below, briefly explain the rationale for the amendment and how it will affect your study.

If there are also changes to the Patient Information Sheet and Consent Form(s), **ATTACH A COPY OF THE REVISED DOCUMENTS WITH ALL CHANGES HIGHLIGHTED**, and a clean, final version of the **REVISED DOCUMENTS PRINTED ON ORIGINAL LETTERHEAD**. (We have a copy of the last approved consent form on our file)

Signature of Principal Investigator

Date

Please Forward To: Ottawa Hospital Research Ethics Board, 751 Parkdale Avenue, Suite 106, Ottawa Hospital - Civic Campus