



Request for REB Approval of Modification to Research Project

This form is to be submitted to seek approval of modifications to previously approved protocols. Revised procedures should not be used until approval has been received. Take note that certain changes may have to undergo minimal risk or full REB review.

REB File #:H10-13-14B	Initial date of approval (mm-dd-yy):7/7/2014
Title of the research project:A Cohort Study of Epilepsy in Bhutan: "The Bhutan Epilepsy Project"	

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Preferred language of correspondence: <input type="checkbox"/> French <input checked="" type="checkbox"/> English	

NOTE: Answer all of the following questions.

1. Check the modifications you wish to make to the research project.	
<input type="checkbox"/> Participant recruitment process <input type="checkbox"/> Participant sample / population <input type="checkbox"/> Consent forms / Information sheets <input type="checkbox"/> Research instruments (e.g. questionnaires, etc.) <input type="checkbox"/> Research design or methodology	<input type="checkbox"/> Data confidentiality / Security arrangements <input type="checkbox"/> Location of study <input checked="" type="checkbox"/> Changes to research team <input type="checkbox"/> Other (Please specify)
(i) If you checked any of the above, describe the nature of each modification requested and explain why the modification is necessary and how it differs from the previously approved procedures. Deletions to the study team: Hannah McLane, Marie Hendrix, Vanessa Martinez, Ann Kao, BalMukunda Dhungel Additions to the study team:	

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June 3, 2015

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June 9, 2015

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June 3, 2015

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June 15, 2015.

Please submit one copy of this form as well as all modified documents (e.g. questionnaire, consent form, etc.) and highlight the sections that are revised or added. Please do not staple documents.

2. Have there been any unexpected problems or adverse events related to the participation of human beings in your project? ☐ Yes ☒ No

(i) If you answered YES to this question, provide a description of the problems.

I request ethics approval of the modifications / revisions described above. All modified documents and procedures are appended hereto for REB review and approval.

SIGNATURE:
(Principal Investigator or Supervisor)

DATE:

SIGNATURE:
(Co-investigator or Student, if applicable)

DATE:

Complete and submit to:

Office of Research Ethics and Integrity
Tabaret Hall
550 Cumberland, room 154
Email : ethics@uottawa.ca
Phone: (613) 562-5387
Fax: (613) 562-5338

Notice of Collection of Personal Information : Your personal information is collected under the authority of the *University of Ottawa Act* and is intended to be used for the purpose of and those consistent with the administration and the evaluation of the eligibility of your project for ethics approval. If you have any questions regarding this collection of personal information, please contact us by telephone at (613) 562-5387 or by email at ethics@uOttawa.ca.