



**SCARBOROUGH HEALTH NETWORK RESEARCH ETHICS BOARD
INVESTIGATOR BROCHURE AMENDMENT**

Please note, as of January 1st 2019, all researchers are required to have TCPS2 Certification. If you have not already done so, please provide your certificate.

SHN PROTOCOL NUMBER		
LOCAL PRINCIPAL INVESTIGATOR		
PROJECT TITLE		
Signature of Principal Investigator:		Date:

1	Date of Investigator Brochure amendment/version	dd/mm/yr
a	Amendment number	dd/mm/yr
b	Date amendment received by Principal Investigator/ Study Coordinator (Attach all supporting documentation with this form)	dd/mm/yr

2	a	The Study Protocol requires modification based upon the changes in the investigator brochure	YES	
			NO	
b	b	If YES, a Protocol Amendment form is attached	YES	
			NO	
c	If a Protocol Amendment form is not attached, please explain			

Submit signed original: Research Office, Scarborough Health Network, 3050 Lawrence Avenue East, Room 1.245, 1st Floor, Scarborough, Ontario, M1P 2V5