**Change in Study Investigator Form**

This form should only be completed if:

* there is a change in Local Principal Investigator, or Lead Investigator; or
* there is a change in, or addition of a new Co-Investigator

For personnel additions such as research students/residents/fellowships, data abstractors, assistants, volunteers, and study monitors who are or will be coming onsite at MGH, please use the *Qualified Principal Investigator (QPI) Form* (available at <https://www.tehn.ca/education-research/research/research-ethics-board-reb/research-ethics-board-reb-forms>)

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| **SECTION 1 – Study Identification** | | | | | |
| REB Reference Number: | | | | | |
| Study Title: | | | | | |
|  | | | | | |
| **SECTION 2 – Contact Information** | | | | | |
| **Local MGH** Principal Investigator: | | | | | |
| Department/Division/ Program: | | | | | |
| Telephone: | | | | | |
| Email Address: | | | | | |
| Name of Person Completing the Form & Role: | | | | | |
| Address: | | | | | |
| Telephone: | | | | | |
| Email Address: | | | | | |
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| **SECTION 3 – Change in Study Personnel Information** | | | | | |
| Please fully complete this section outlining the changes in study personnel, and their qualifications: | | | | | |
| Role/Position within this study: |  | | | | |
| Previous person in this role: |  | | | | |
| New person in this role: |  | | | | |
| Qualifications (e.g., MD, PhD): | **Please attach the following in accordance with N2 Investigator SOP003\_08:**  Current Research CV, including:   * List of Academic publications * List of Presentations * List of Grants awarded   Medical license or equivalent (if applicable)  TCPS 2 tutorial (attach)  Privacy Training for Research Personnel module (attach)  GCP (if applicable)  Division 5 of the Health Canada Food and Drug Regulations, and/or Part 3 of the Medical Device Regulations, and/or Part 4 of the Natural Health Product Regulations (if applicable) | | | | |
| Conflict of interest declaration: |  | | | | |
|  |  | | | | |
| Please indicate whether this change will require a revision to an existing contract or agreement:  Yes  No   * If yes, please contact the Department of Research & Innovation at [ResearchAdmin@tehn.ca](mailto:ResearchAdmin@tehn.ca) | | | | | |
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| **SECTION 4 – Reason for Change** | | | | | |
| Please explain why there has been a change in study personnel: | | | | | |
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| Note: If this change in personnel requires an update/change to any study documents, please also submit an amendment using the *Research Amendment Form* (available at <https://www.tehn.ca/education-research/research/research-ethics-board-reb/research-ethics-board-reb-forms>). | | | | | |
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| **SECTION 5 – MGH Local Principal Investigator Attestation** | | | | | |
| This signature attests that the **MGH Local Principal Investigator** has assessed the safety implications of the change in personnel identified above, and its impact on study procedures and is prepared to take any necessary steps to implement the change(s). Further, the Principal Investigator and/or MGH Local Principal Investigator will not implement any changes to, or deviations from the protocol without Research Ethics Board approval except to eliminate an immediate hazard to study participants or when changes involve only logistical or administrative aspects of the study. | | | | | |
|  | |  |  |  |  |
| Print Name | |  | Signature |  | Date (dd/mmm/yyyy) |

**Submission Instructions:**

**One (1)** electronic copy of all items specified above, including this signed and dated form to: [ResearchEthicsBoard@tehn.ca](mailto:ResearchEthicsBoard@tehn.ca)

For more detailed information, and to access the mandatory training modules, please visit our “Forms” webpage, at <https://www.tehn.ca/education-research/research/research-ethics-board-reb/research-ethics-board-reb-forms>