

Request for Amendment and Extension of BCSC Approval Form			
Part I - Administrative Information			
1. Protocol Information			
Project Title:			
Approval number:			
2. Contact information			
2.1. Principal Investigator (PI) Name:			
Email address:			
School:			
Department/Unit:			
Status: Undergraduate Student \square Graduate Student \square Faculty \square Staff \square			

2.2. Please list current members of the research team:

Name	Email Address	NU/ Non-NU	School and Dept (If NU)	Name of organization (If Non-NU)

Part II - Study Overview

1. Please provide a lay summary of the study purpose and the general research questions/objectives. BCSC Protocol Amendment and Extension Form_v1.0_2022 1



2. Progress report since the last approval (please explain the progress of the study since the initial BCSC approval or last approval, excluding amendment approvals)
Since the last BCSC approval (excluding amendment approvals), were there any unexpected problems or
accidents/incidents involving research team?
□ Yes □ No
Since the last BCSC approval (excluding amendment approvals), were there any changes to your study
(including study design and/or research procedures, research personnel, study location, etc.)?
□ Yes □ No
3. Research activities planned for the next year
Part III – Proposed Changes to Study Design
1. Please select ALL the categories of the amendment(s) you are requesting.
☐ Change in Study Title
☐ Change in Principal Investigator
☐ Addition of/change in research personnel
☐ Addition of/change in funding source
☐ Change to research/study design, methods, or procedures
☐ Other changes. Specify
2. Change in Principal Investigator
Name:
Email address:
School:
Department/Unit:
Status: Undergraduate Student □ Graduate Student □ Faculty □ Staff □

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3. Please state and describe in detail all changes to (if applicable) N/A □	research/study design, methods, or procedures			
. Please state and describe in detail any other changes (if applicable) N/A \square				
5. Please state the reasons you are making amendr	ments to the study.			
6. Are any of these changes the result of somethin	g that occurred during the study?			
□ Yes □ No				
Signature				
This page is to be signed by the Principal Investiga graduate student, the faculty supervisor must also s	tor. If the Principal Investigator is an undergraduate or ign in the lower box.			
Principal Investigator				
	ication is correct and complete. I also pledge that I will cols used in this study without first seeking review and al and Chemical Safety Committee.			
☐ Attestation of Principal Investigator				
Name / Signature of Principal Investigator	Date			
Name / Signature of Faculty Supervisor	Date			