|  |  |
| --- | --- |
| **FULL STUDY TITLE:** |  |
| **PROTOCOL VERSION:** |  |
| **CONSENT VERSION:** |  |
|  |  |
| Principal Investigator: |       |
| Trillium Health Partners Contact (if applicable): |       |
| Date of Submission: |       |
| Amendment Date: |       |
| Level of Review Required: | [ ]  Expedited OR [ ]  Full Board |

 **Amendment to**:

[ ]  Protocol

**Involves changes to**:

[ ]  Objectives [ ]  Design

[ ]  Inclusion/Exclusion Criteria (Full Board Review) [ ]  Number of Patients in Study

[ ]  Change in Dosage or Procedure (Full Board Review)

[ ]  Other:

**Amendment to**:

[ ]  Informed Consent (Full Board Review) [ ]  Information sheet (Full Board Review)

[ ]  Other:

**DOCUMENTS SUBMITTED:**

(List all documents that you have submitted for review with this amendment. If the changes affect either the information sheet or the Consent Form, attach a revised copy of them which highlights the amendments, and a clean copy of the revised documents)

**REMARKS:**

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_