|  |  |  |
| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_