Amendment Notification Form - REC SUH

Principal Investigator: …………………………………………………………………………….

Department: ……………………………………………………………………………………….

Title of Research Study:…………………………………………………………………………..

Date of Original REC Approval: …………………………………………………………………

REC Application Number: ……………………………………………………………………….

Date of Amendment:………………………………………………………………………………

The following changes are proposed for this protocol: (*Please list the* ***specific*** *changes from the previously approved protocol and provide sufficient* ***rationale*** *for each change to allow the REC to make a decision. Append additional pages if necessary. If changing PILs/Consent Forms/Invitations Letters etc please send clean copy and original copy highlighting the changes)*

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1. Is a revised protocol necessary as a result of this amendment? Yes No

# If yes, please attach a copy

1. Is a revised research subject information sheet/consent form necessary as a result of this amendment? Yes No

# If yes, please attach a copy

1. Is a revised advertisement necessary as a result of this amendment? Yes No

# If yes, please attach a copy

1. Does the amendment affect the safety of the participants or the conduct of the study?

# If yes, please give details Yes No

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Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator Date\_\_\_\_\_\_\_\_\_\_\_\_