**Research Ethics Committee SUH**

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Amendment Notification Form

Research Ethics Committee Sligo University Hospital (REC SUH)

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

Professional Registration Number: ……………………………………………………………………………………………………………………

Accreditation Body: ……………………………………………………………………………………………………………………………………………

Department/ Organisation: …..…….…………………………………………………………….………………………………….

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/ tracking 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
2. Is a revised research Participant Information Leaflet/Consent Form necessary as a result of this amendment? If yes, please attach a copy Yes No
3. Is a revised advertisement necessary as a result of this amendment? Yes No  
   If yes, please attach a copy
4. Does the amendment affect the safety of the participants or the conduct of the study? Yes No

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Signed:

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Principal Investigator Date