

**COLLEGE OF MEDICINE RESEARCH AND ETHICS  
COMMITTEE**  
Request for Amendment/Modification

Please complete the following:

<b>COMREC REF. Number</b> <small>(COMREC will not process requests without this number.)</small>	<b>Date of Request</b>
<b>Principal Investigator Name</b>  Phone # _____ Email _____	<b>Contact Person (if other than PI)</b>  Phone # _____ Email _____
Title of Study	

**1. Description of proposed changes:** (Note: Changes may not be implemented before COMREC approval)

Use attachments and additional pages, as needed. The proposed changes should be reflected in the approved protocol.

**2. Reason for Amendment/Modification:**

**3. Changes to Consent Form:** Are changes required? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If Yes, attach new consent form)

_____ Signature of Principal Investigator	_____ Date
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*Approval of Changes /Modifications by COMREC*

COMREC Office Use only: Approval date: _____  Approved by: _____
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Address: College of Medicine Research and Ethics Committee / Mahatma Gandhi Road, Chimutu Building Room # 822, P/Bag  
360 Chichiri, Blantyre 3 Telephone: (265) 01 871 911/01 874 377Fax (265) - 01 874 740 E-mail: [comrec@medcol.mw](mailto:comrec@medcol.mw)

Version: #1:0 Effective date: 25th November, 2007

Recommended : \_\_\_\_\_  
Not recommended : \_\_\_\_\_

Signature

Date

**IRB Chairperson or Authorized  
Signatory**

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COMREC form 103

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