NHSRC FORM 10-01

REQUEST FOR AMENDMENT/MODIFICATION

Please complete the following:

NHSRC REF. Number (NHSRC will not process requests without this number.)	**Date of Request**
Principal Investigator Name Phone # Email	**Contact Person** (if other than PI) **Phone #** **Email**
Title of Study	

1. **Description of proposed changes:** (Note: ***Changes will not be implemented before NHSRC approval. Attach the original document with highlighted changes/modifications***)

_____

_____

Use attachments and additional pages, as needed.

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

3. **Changes to Consent Form:** Are changes required? No _____ Yes _____ (If Yes, attach new consent form and highlight the changes)

_____

Signature of Principal Investigator Date

NHSRC Office Use only:
Approval date:_____
Approved by:

Approval of Changes /Modifications by NHSRC

Recommended :_____
Not recommended :_____
Full committee Review_____

Signature **Date**
NHSRC Chairperson or Authorised Signatory

_____