



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 _____ |
|-------------------------------------------|------------|

Approval of Changes /Modifications by NHSRC

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|----------------------------------------------------------------------|
| NHSRC Office Use only: Approval date: _____ Approved by: _____ |
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| | | |
|-----------------------------|-----------------------------------------------|-------------|
| Recommended : _____ | <u>Signature</u> | <u>Date</u> |
| Not recommended : _____ | <u>NHSRC Chairperson or Authorised</u> | |
| Full committee Review _____ | <u>Signatory</u> | |