

NHSRC FORM 10-01

## **REQUEST FOR AMENDMENT/MODIFICATION**

Please complete the following:

NHSRC REF. Number		Date of Request		
(NHSRC will not process requests without this number.)				
Principal Investigator Name		Contact Person (if other than PI)		
Phone #	Email	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	2	NHSRC Office Use only: Approval date: Approved by:
Signature Signature   Recommended    Not recommended    Full committee Review Signatory		<u>Date</u> rson or Authorised

Promoting Scientific and Ethical Conduct of Health Research in Malawi Executive Committee: Dr M. Joshua (Chairperson), Dr F. Sinyiza (Vice-Chairperson) Registered with the USA Office for Human Research Protections (OHRP) as an International IRB IRB Number IRB00003905 FWA00005976 Email: research@health.gov.mw/mohdoccentre@gmail.com