

Application for Proposed Amendment

Protocol Number:

Title of study:

List of Principal Investigators and Collaborators:

Name	Role in the Project	Designation	Affiliation

Date of EC approval:

Start Date of the Study:

Proposed Amendment (Specify the section for which you are proposing amendment):

Provide a rationale for the proposed amendment:

Risk Assessment:

Do you plan to take fresh consent from the study participants?

YES ▾

*If yes, then share a copy of revised consent from with this application

Type of review requested for amendment:

Same as the approved application

Exempt

Expedited

Full Review

Declaration by the PI:

I hereby declare that all protocols related to my research remain unchanged. Any modifications to any aspect of my research project will be communicated to the ethics committee before proceeding further with the research.

Name of the PI:

Signature:

Date:

