

# Ethics Committee Amendment Request Form

## Project Details

Project Title

Reference Number / ID

Principal Investigator

Department / Unit

## Amendment Request

Type of Amendment (Select all that apply)

Study design/protocol

Study population

Informed consent material

Data collection / questionnaires

Personnel

Other

Please describe in detail the proposed amendment

Rationale for Amendment

## Impact Assessment

Will this amendment affect participant safety, privacy or confidentiality?

If yes, please provide details

## Supporting Documents

List all revised/additional documents submitted with this amendment request

## Declaration

Name of person submitting form

Date