



IJN Research Ethics Committee APPLICATION FOR AMENDMENT FORM

*Use this form to request approval for changes to an approved research.
Please send all attachments (with new version numbers and dates) to the IJNREC.*

Details of Research Project

Project Registration Number	
Project Title/Study Project	
Sponsor	
Investigator	

Details of Amendments

<p>Please tick (✓) the changes you wish to make to the research project</p>	<input type="checkbox"/> Clinical Protocol/Clinical Investigation Plan/Proposal <input type="checkbox"/> Clinical Investigator's Brochure <input type="checkbox"/> Participant recruitment process <input type="checkbox"/> Participant sample/population <input type="checkbox"/> Consent forms / information sheets* <input type="checkbox"/> Research design or methodology <input type="checkbox"/> Study end date <input type="checkbox"/> Location of study <input type="checkbox"/> Changes to research team <input type="checkbox"/> Others
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* If the changes involve modifications to the consent form, information sheet or other supporting materials for the study please ensure all amended materials are listed on page 2 and appended to this application

Summary of Amendments

*Briefly summarise the changes to the study using language comprehensible to a lay person. Please explain the reasons for the change (s) and their implications for the study.
If the amendment substantially changes the research design, methodology or may otherwise affect the value of the study, please indicate if additional and appropriate critique has been obtained.*

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Please indicate any ethical issue relating to the proposed changes, on which the opinion of IJNREC is sought.

List of enclosed documents

You should submit the documents that have been modified, showing both the previous and new wording, with the form. Where the modified documents, (for example, the study protocol) are lengthy and the changes are not so widespread or significant as to justify a new version, you can provide extracts or list the changes in a separate document.

<i>Document</i>	<i>Date</i>
<i>Document</i>	<i>Date</i>
<i>Document</i>	<i>Date</i>
<i>Document</i>	<i>Date</i>
<i>Document</i>	<i>Date</i>
<i>Document</i>	<i>Date</i>

Declaration

- I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for the details herein.
- It is my belief that it would be practical for the proposed amendment to be implemented.

Signature of Investigator : _____

Name : _____

Date of submission : _____

FOR OFFICE USE ONLY

Date of Received : _____

Received by : _____

Signature : _____