|  |  |  |
| --- | --- | --- |
|  | **COLLEGE OF MEDICINE RESEARCH AND ETHICS COMMITTEE** |  |

# Request for Amendment/Modification

Please complete the following:

|  |  |
| --- | --- |
| COMREC REF. Number (COMREC 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 may not be implemented before COMREC approval)

Use attachments and additional pages, as needed. The proposed changes should be reflected in the approved protocol.

1. **Reason for Amendment/Modification:**

**3. Changes to Consent Form:** Are changes required? No \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ (If Yes, attach new consent form)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date

COMREC Office Use only:

Approval date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Approval of Changes /Modifications by COMREC

|  |  |  |
| --- | --- | --- |
| Recommended :\_\_\_\_\_\_\_  Not recommended :\_\_\_\_\_\_\_ | SignatureIRB Chairperson or Authorized Signatory | Date |

COMREC form 103