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

# Request for Amendment/Modification

Please complete the following:

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| 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)

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Signature of Principal Investigator Date

COMREC Office Use only:

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

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

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

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| --- | --- | --- |
| Recommended :\_\_\_\_\_\_\_Not recommended :\_\_\_\_\_\_\_ | SignatureIRB Chairperson or Authorized Signatory | Date |

COMREC form 103