**NHSRC FORM 10-01**

# REQUEST FOR AMENDMENT/MODIFICATION

Please complete the following:

| | |
|---|---|
| **NHSRC REF. Number**<br>(NHSRC will not process requests without this number.) | **Date of Request** |
| **Principal Investigator Name**<br>Phone # Email | **Contact Person** (if other than PI)<br>**Phone #** **Email** |
| Title of Study | |

1. **Description of proposed changes:** (Note: ***Changes will not be implemented before NHSRC approval. Attach the original document with highlighted changes/modifications***)

Use attachments and additional pages, as needed.

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

3. **Changes to Consent Form:** Are changes required? No _____ Yes _____ (If Yes, attach new consent form and highlight the changes)

_____

Signature of Principal Investigator Date

***Approval of Changes /Modifications by NHSRC***

NHSRC Office Use only:
Approval date:_____
Approved by:

Recommended :_____
Not recommended :_____
Full committee Review_____

Signature **Date**
**NHSRC Chairperson or Authorised Signatory**

_____