APPLICATION FOR SUBMITTING PROTOCOL AMENDMENTS TO IHEC

(Please do not delete the headings and subheadings in this form)

- 1. Title of Research:
- 2. Unique Protocol ID, if any:
- 3. IHEC approval details: (provide month, year, and, if applicable the study account number)
- **4.** Name and Designation of Principal Investigator and Address for communication (including telephone and fax numbers and email id):
- 5. Details of protocol amendments (Please list all protocol amendments and provide page number(s) in revised protocol (if applicable)
- **6.** Justify the need for protocol amendments (if data has been acquired with approved protocol, provide preliminary data generated thus far)
- 7. Will any of these amendments significantly alter the balance of risks and benefits to study participants? (please describe)
- 8. Will any of the amendments significantly alter the design of the study? (please describe)
- 9. Will any of the amendments require the informed Consent form or information sheet provided to participants to be modified? If *yes, please supply the revised informed consent document.*
- **10. Signature of Principal Investigator** (after ensuring that all co-investigators have approved this submission)