

**SCHOOL OF BIOMEDICAL SCIENCES
RESEARCH ETHICS COMMITTEE
MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES**

REC FORM 103

REQUEST FOR AMENDMENT/MODIFICATION

STATEMENT OF POLICY

Please complete the following

A. STUDY INFORMATION			
REC Protocol #		Date of request	
Project Title:			
Principal Investigator :			
Contact Person: (If applicable)			

1. Description of changes: Changes may not be implemented before REC approval
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The following changes have been made to the protocol and informed consent
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Protocol:

Cover page:

Indicate all the sections where the changes will be made

2. Reason for amendments/Modification

3. Changes to the consent form Are changes required? No..... Yes..... (If yes attach a new consent form)

Signature of principal investigator	Date
.....

Approval of changes/Modification

Recommended:.....

Signature

Not recommendation.....

IRB Chairperson or Authorised person

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Note: Submit old copy of proposal with track changes

Submit a clean copy