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**AMENDMENT REQUEST FORM**

For an amendment to a research project that has been granted ethics approval, submit the completed form to Life Healthcare Human Research Ethics Committee. An amendment **may not** be implemented at a site until Life Healthcare Human Research Ethics Committee approval has been given.

**DETAILS OF RESEARCH PROJECT**

|  |  |
| --- | --- |
| **Name of Principal Investigator** |  |
| **Email:** | **Telephone Number:** |
| **Date of amendment submission** |  |
| **Life Healthcare Human Research Ethics Committee reference numbers** |  |
| **Life Healthcare Human Research Ethics Committee approval date** |  |
| **Project title** |  |
| **Describe the amendment to be made and whether this is categorised as a minor or major amendment (kindly refer to Human Research Ethics Committee Standard Operating Procedures amendments)** |  |
| **Does the amendment affect all sites approved by Life Healthcare Human Research Ethics Committee?** |  |
| **Reasons for changes** |  |
| **Do the changes raise any additional or new ethical issues?** |  |
| **Do the changes raise any privacy concerns?** |  |
| **If yes, provide a description of any ethical or privacy issues** |  |
| **List of amended documents and Human Research Ethics Committee approval attached** |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**