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| **NAME OF RESEARCHER:** |  |
| **DEPARTMENT:** |  |
| **TITLE OF STUDY:** |  |
| **ETHICS REFERENCE NO:** |  |
| **DATE OF ETHICAL APPROVAL OF STUDY:** |  |
| **DATE OF AMENDMENTS:** |  |
| **ITEMISE REQUIRED AMENDMENTS IN THE FOLLOWING FORMAT** |
| **Page No** | **original protocol states** | **Amendment requested** | **Reason for amendment the Impact on participant /patient** |
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**If additional investigators are added: Outline role and submit 2-page CV and proof of current HPCSA registration and GCP certification with the application.**

**If a new site is added, submit permission letter from the manager of the hospital/clinic/institution, if applicable.**

**SIGNATURE OF PRINCIPAL RESEARCHER: DATE:**