**Amendment Request and Assessment Form**

**(this portion to be filled in by the PI in case of change in study protocol)**

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| YUEC protocol Number  |
| Title of the study |
| Name of the principal investigator |
| Department and institution: |
| YUEC approval date: |
| State the proposed amendment in detail: |
| Sl No | Part of the protocol in which amendment is proposed  | Proposed amendment in detail  | Justification /Reasons for amendment  |
|  | Title of the study  |  |  |
|  | Investigators/Co-Investigators/Guide  |  |  |
|  | Objectives  |  |  |
|  | Study design  |  |  |
|  | Study site  |  |  |
|  | Methodology  |  |  |
|  | Sample size  |  |  |
|  | Time line  |  |  |
|  | Participant information sheet and Informed consent |  |  |
|  | Any Other  |  |  |
| Impact of the proposed amendment on your present study at this site: (modifications in the ICD, re-consent of research participants, untoward effects likely to occur because of the amendment or any other) |
| Have the changes modifications in the amended versions been highlighted/ underlined? Yes No  |
| Signature of the Principal Investigator: Signature of the Guide Name with Date: |
| ***(this portion onwards to be filled in by Secretary YUEC)*****Type of review:** Review by Member Secretary/ Chairperson Review by designated YUEC members Provide the name(s) of the reviewer(s)Full review  |
| Decision: Approved Suggested Recommendation(s) Disapproved Kept for discussion in next YUEC meeting |
| Signature of Member-Secretary/Jt Secretary with date:  |