**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: | | | |