



UNIVERSITY OF GHANA

ETHICS COMMITTEE FOR BASIC AND APPLIED SCIENCES (ECBAS)

P. O. Box LG 1195, Legon, Accra, Ghana

PROTOCOL AMENDMENT FORM

REQUIREMENT

- i. Please complete all sections of this form
- ii. Attach a detailed version of reason for change(s); this should include justifications for the change.
- iii. Submit 2 hard copies of the form to the ECBAS administrator and send a soft copy to: ethicscbas@ug.edu.gh

Section A- BACKGROUND INFORMATION

Title of Study:			
Principal Investigator:		Study start date:	
Certified Protocol Number		Anticipated end date:	

Section B- PROPOSED AMENDMENT

Amendment type (e.g. Protocol amendment, modification of consent etc.)	
Proposed by:	
Reason for change:	
Will change increase risks to participants in any way	



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Section C- SIGNATURE

Name of Person completing this form:	
Contact Address:	
Email:	Phone No:
Signature:	Date:

Please do not fill this section (For official use only)

Reviewed By:
Date Reviewed:
Comments:
Action(s):