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| PROTOCOL AMENDMENT FORM  |

REQUIREMENT

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

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| Section A- BACKGROUND INFORMATION |

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

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| Section B– PROPOSED AMENDMENT |

|  |  |
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| 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 |

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

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

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| --- |
| **Reviewed By:** |
| **Date Reviewed:** |
| **Comments:** |
| **Action(s):** |