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|  | **Uttaradit Rajabhat University****Research Ethics Committee** | **Submission for Study Amendment****แบบรายงานการแก้ไขเพิ่มเติมโครงการวิจัย** |

**Instruction**: Please fill in the form or tick ✓ in the box that applied, and attach documents if necessary.

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| **Protocol title**: | **URU-REC. No**. | For the record only |
| **Study Code:**  |
| **Principal Investigator**: | **Investigator No**. |  |
| **Sponsor**: |  |
| 1. **Which part of the study do changes apply?** (more than one is possible) Protocol \_\_\_\_consent form \_\_\_\_ investigators \_\_\_\_Other (specify) ........................................ \_\_\_\_ |  |
| 2. **List all proposed change(s) and rationale for change(s) (detailed documents can be attached)** |  |
| 3. **How will the amendment affect the risk and benefit for the subjects**?**Risk** may be increased same decreased**Potential benefit** may be increased same decreased |  |
| 4. **How does the amendment affect the informed consent?** new consent is not required \_\_\_\_ new consent is in addition to the current one \_\_\_\_ new consent is to replace the current one \_\_\_\_ |  |

Note: Study amendments may not be instituted until written approval from the ethics committee is received.

Investigator signature……………...…………….………………….………Date………/………/………

(Please retain copy of the completed form for your study record.)