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| Principal Investigator: |  |
| Project Title: |  |
| Project Code:  (where applicable) |  |
| Date of original ethical approval: |  |
| Date of amendment request: |  |

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| Description of Amendment: |
| Reasons for Amendment/Change: |
| Anticipated Implications: |

**TO BE COMPLETED BY THE ETHICS COORDINATOR**

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| Acceptance/Rejection  (Circle as appropriate) | Signature:  Name: |
| Date: | |
|  | |
| Follow-up action passed to: | |
| Reason for Rejection: | |