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| ***REQUEST FOR AMENDMENT APPROVAL*** |

*If any significant changes occur to the initial protocol reviewed by the ERB, the ERB should be informed and asked for approval. A review may be initiated on the amended protocol if warranted. This form should be duly filled out and submitted together with the amended protocol.*

**PROTOCOL ID:**

**PROTOCOL TITLE:**

**PI NAME:**

**MEDICAL DIRECTOR NAME:**

**EXPECTED STUDY PERIOD:**

*Please provide the information in the table below (indicate if not applicable)*

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| --- | --- | --- | --- | --- | --- | --- |
|  | Version number and date of (latest) MSF ERB approved protocol | | |  | | |
|  | Date of original/most recent MSF ERB ethics approval | | |  | | |
|  | Details of changes made on the protocol and implications on participants and study outcomes.  Please itemise the changes and provide justifications for the changes as needed. Rows may be added. | | | | | |
| Changes | Justifications | Implications of the changes | | | Page number in amended protocol |
| On study participants | | On study outcomes |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  | Has the amended protocol been submitted to or approved by National/ Local Ethics Review Committee(s)?  *If not yet submitted, please indicate when and to which committee the protocol will be submitted. Please furnish the ERB a copy of the local ethics board approval.* | | |  | | |