|  |  |  |  |
| --- | --- | --- | --- |
| NEC LOGO  (no name) | **NATIONAL ETHICS COMMITTEE**  **STANDARD OPERATING PROCEDURES** | | |
| **APPLICATION FORM FOR ETHICS REVIEW OF AMENDMENTS** | NEC Form No. | 12 |
| SOP No. |  |
| Version No. | 1 |
| Version Date | 21 December 2015 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **General Information** | | | | |
| \*Title of Study |  | | | |
| Version number/date of the NEC approved protocol | |  | | |
| \*NEC Code  (To be provided by NEC) | |  | \*Study Site |  |
| \*Name of Researcher | |  | Contact Information | \*Tel No: |
| \*Mobile No: |
| \*Co-researcher/s (if any) | |  | Fax No: |
| \*Email: |
| \*Institution of researcher | |  | | |
| \*Address of Institution | |  | | |
| Effective period of ethical clearance | | From To | | |

|  |  |  |
| --- | --- | --- |
| Protocol or ICF procedure/provisions to be amended (Use additional sheets if necessary) | Proposed amendments | Justification |
|  |  |  |

**Signature of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**