**School of Medicine Research Ethics Committee**

**Amendment Request Form**

**Part A – Original Application Details**

|  |  |
| --- | --- |
| Application Reference Number  |  |
| Date of Original Submission |  |
| Date of Ethical Approval |  |
| Applicant Name  |  |
| Applicant Email |  |
| Applicant School / Area |  |
| Applicant Department |  |
| Applicant Staff / Student Number | Staff No: Student No: |
| Title of Research Project |  |

**Part B – Amendment Request**

|  |
| --- |
| Please give specific details of the requested amendment(s): |

**Part C –Signatures**

**Lead Investigator:**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

**For Student Research Studies:**

|  |  |
| --- | --- |
| Supervisor Name |  |
| Supervisor Signature |  |
| Date |  |