

**MUBAS RESEARCH ETHICS COMMITTEE (MUBASREC)**

**FORM FOR REQUEST OF AMENDMENT**

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| **REF NO:**MUBASREC will not process requests for amendment without this number | **Date of Request** |
| **Principal Researcher’s Name:****Phone number: E-mail address:**  | **Contact Person (if other than Principal Researcher)****Phone No: E-mail address** |
| **Title of Study:** |

1. **Description of proposed changes** (Note: Do not implement any changes before MUBAREC approval)

(Specify the sections, paragraphs and pages at which the proposed changes appear. Such changes must be highlighted)

1. **Reason for amendment /modification**:
2. **Changes to consent form**: Are changes required? No\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_ (If yes, attach new consent form)
3. **Signature of Principal Researcher**: Date: