

**MAKERERE UNIVERSITY
SCHOOL OF HEALTH SCIENCES
RESEARCH AND ETHICS COMMITTEE (MakSHS-REC)
COLLEGE OF HEALTH SCIENCES**

MakSHS-REC Office Use
only:
Approval
date: _____
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REC FORM 103

REQUEST FOR AMENDMENT/MODIFICATION

Please complete the following: and the soft copy should be submitted to this email
address: **healthsciences.irb@gmail.com**

MakSHS-REC REF. Number (IRB will not process requests without reference number.)	Date of Request
Principal Investigator Name Phone # Email	Contact Person (if other than PI) Phone # Email
Title of Study	

1. Description of proposed changes: (Note: Changes may not be implemented before MakSHS-REC approval)
Use attachments and additional pages, as needed.

2. Reason for Amendment/Modification:

3. Changes to Consent Form: Are changes required? No _____ Yes _____ (If Yes, attach new consent form)

Signature of Principal Investigator

Date

Approval of Changes /Modifications by MakSHS-REC

	Signature	Date
Recommended : _____	MakSHS-IRB Chairperson or Authorised	
Not recommended: _____	Signatory	

Note: Submit amended documents with track changes