

UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.

Aurora Boulevard, Quezon City

Research Institute for Health Sciences



ETHICS REVIEW COMMITTEE

STUDY PROTOCOL AMENDMENT SUBMISSION FORM

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR: A study protocol amendment is a written description of a change(s) to or formal clarification of a protocol and/or informed consent documents. Favorable opinion or approval should be obtained from the RIHS ERC Panel that issued the ethical clearance or approval prior to the implementation of an amendment. Obtain an electronic copy of this form and encode all information required in the space provided. Multiple amendments classified under ONE type of review (expedited or full review) can be submitted in one form. Print the report in A4 size paper; then date and sign this form before submission.

RIHS ERC CODE:		
STUDY PROTOCOL TITLE:		
APPROVAL DATE:		
PRINCIPAL INVESTIGATOR:		
Email:	Telephone:	Mobile:
STUDY SITE:		
STUDY SITE ADDRESS:		
AMENDMENT SUBMISSION DATE:		
(To be filled out by the Principal Investigator):		
1. NO. OF AMENDMENT/S:		
2. STATE NATURE OF STUDY PROTOCOL AMENDMENT (cite study protocol section		
and page where amendment is found)		

ERC Form 4A: Study Protocol Amendment

3. LIST OF DOCUMENTS for which YOU ARE REQUESTING APPROVAL:		
4. TYPE OF REVIEW: (to be checked and classified by the ERC Chair)		
4.1. □ EXPEDITED REVIEW FOR AMENDMENTS THAT:		
 Do not involve changes in study populations 		
 Do not involve the collection of stigmatizing information 		
 Do not change approved use of anonymized or archived samples 		
Do not involve further recruitment of participants		
 Involve study protocols previously classified under expedited review 		
 Are administrative in nature (such as contact details of study personnel) 		
 Do not materially affect the risk-benefit ratio of the approved protocol or increase risks to study participants 		
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4.2. □ FULL BOARD REVIEW for any amendments not cited under EXPEDITED REVIEW		
SIGNATURE OF PRINCIPAL INVESTIGATOR:		
COMMENTE OF PRINTARY PRINTERS		
COMMENTS OF PRIMARY REVIEWER:		
RECOMMENDED ACTION: (for RIHS ERC use only)		
□ APPROVAL		
■ MODIFICATION TO THE STUDY PROTOCOL		
□ DISAPPROVAL		
PRIMARY REVIEWER Signature		
Date: Name		
RIHS ERC SECRETARY Signature		
Date: Name		
RIHS ERC CHAIR Signature		