**HUMAN RESEARCH ETHICS COMMITTEE**

**of NT Health and Menzies School of Health Research**

**AMENDMENT REQUEST FORM**

***Instructions:***

* + - * ***Submission:*** *Submit a signed copy of your amendment request merged with any attachments preferably as a single pdf to the Ethics Office at:* [*NTHREC@menzies.edu.au*](mailto:NTHREC@menzies.edu.au)
* ***NT Health:*** *If this study involves NT Health sites or NT Health data, site-specific assessment approval for this amendment must also be obtained from NT Health Research Governance Office* [nthealth.rgo@nt.gov.au](mailto:nthealth.rgo@nt.gov.au)
* ***Response Time:*** *Committee response will be emailed to you in approximately 10–14 days*

1. **Project Details**

|  |  |
| --- | --- |
| **Amendment Request Date** |  |
| **HREC File Reference Number** |  |
| **Project Title** |  |
| **Principal Investigator’s Name** |  |

1. **Have you submitted an Annual Report in the past 12 months?** (*This only* *applies to projects approved more than 11 months ago)*

* **yes**
* **no**
* **not Applicable**

***If "No," please complete an annual report before proceeding with this amendment request****.* ***The annual report template is available here:*** [***Annual/Final report template - Menzies***](https://www.menzies.edu.au/page/Research/Ethics_approval/Forms/Annual__Final_Report_Template/)

1. **Amendment request - Nature of Amendment (examples):**

* **Changes to Research Team and staff – Name, position, Qualifications, role in project, contact details including email address. IF PI changes, a CV needs to be attached.**
* **changes to study protocol – PLease summarise changes and attach supporting documents e.g. New protocol, Participant information sheet, participant consent form, operating manuals, questionnaires. Include a tracked changes version and a clean version.**
* **change to cohort or sample size with justification including statistical validity.**
* **change to expected completion date in the timeline for the research study. Please justify extension and include brief outline of funding to cover extension if applicable.**

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| **1** | **Amendment Request** |  |
|  | **Details of amendment request including background information**  Overtype here | |

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| **2** | **Amendment Request** |  |
|  | **Details of amendment request**  Overtype here | |

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| **3** | **Amendment Request** |  |
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| **4** | **Amendment Request** |  |
|  | **Details of amendment request**  Overtype here | |

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| **5** | **Amendment Request** |  |
|  | **Details of amendment request**  Overtype here | |

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| * If you have more than 5 amendments please copy and paste to add more rows. * If you have less than 5 amendments please delete the boxes that are not required before submission. |

**Supporting documents listed below for consideration:**

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| **Document** | **Version** | **Date** |
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**Principal Investigator Name:**

**Signature:                                          Date:**