**School of Pharmacy and Pharmaceutical Sciences Research Ethics Committee Amendment Request Form (for amendments to APPROVED projects only)**

**This form should be used if your original application was made and approved outside REAMS.
There is a different form if your original application was through REAMS.**

**This cover sheet should be accompanied by a copy of the complete application currently approved,
with tracked changes indicating the proposed amendment(s)**

**Part A – Details of ORIGINAL (currently approved) project application**

|  |  |
| --- | --- |
| Application reference number  |  |
| Title of research project |  |
| Date of original ethical approval |  |
| Applicant name  |  |
| Applicant email |  |
| Applicant ID Number (TCD applicants) | TCD staff ID: | TCD student ID: |

**Part B – Details of PREVIOUS amendment application(s) for this project, if any**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Previous amendment applications are tabulated below |  | No previous amendment applications |

|  |  |
| --- | --- |
| **Amendment application(s)** | **Amendment application approval date(s)** |
| Amendment application 1 |  |
| Amendment application 2 |  |
| Amendment application 3 |  |

*Please add more rows if necessary.*

**Part C – Amendment Request**

**Nature of requested amendment(s):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Research team (personnel) |  | Timeline |  | Research subjects |  | Methodology |  | Other |

|  |
| --- |
| **Please give a brief description of the requested amendment(s), cross-referencing relevant sections in the accompanying approved application where tracked changes indicate the proposed amendment(s).** |
| **Reason (justification) for requested amendment(s):** |

**Part D –Signature(s)**

|  |  |  |
| --- | --- | --- |
| **Lead investigator (all studies)** |  | **Supervisor (for student research studies only)** |
| Name |  |  | Name |  |
| Signature |  |  | Signature |  |
| Date |  |  | Date |  |