|  |
| --- |
| **Official Use Only**Protocol number |

 

 **OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT**

 **Ethics Committee for the Humanities (ECH)**

|  |
| --- |
| **PROTOCOL AMENDMENT FORM**  |

**REQUIREMENTS**

1. Please complete all sections of this form.
2. A cover letter addressed to the ECH Chair should be attached to this form.
3. A revised proposal should be attached to this form where applicable.
4. Submit softcopies of the documents as a single PDF file to the ECH Office via the email address ech@ug.edu.gh in the following order:
5. Cover letter
6. Protocol Amendment Form
7. Revised proposal (where applicable)

|  |
| --- |
| **Section A- BACKGROUND INFORMATION** |

|  |  |
| --- | --- |
| Title of Study:  |  |
| Principal Investigator: |  | Study start date: |  |
| Certified Protocol Number |  | Anticipated end date: |  |

|  |
| --- |
| **Section B– PROPOSED AMENDMENT** |

|  |  |
| --- | --- |
| Amendment type (e.g., Protocol amendment, modification of consent, etc.) |  |
| Proposed by: |  |
| **Detailed reason(s)** for change: |  |
| Will change increase risks to participants in any way |  |

|  |
| --- |
| **Section C– SIGNATURE** |

|  |
| --- |
| **Name of Principal Investigator:** |
| **Contact Address:**  |
| **Email:** | **Phone No:** |
| **Signature:**  | **Date:** |

***Please do not fill this section (For official use only)***

|  |
| --- |
| **Reviewed By:** |
| **Date Reviewed:** |
| **Comments:** |
| **Action(s):** |