**HBCSE IRB AMENDMENT FORM**

Please provide the following information/details necessary to review your amendment application.

1. Write a brief description of the proposal with emphasis on the changes made in the research methodology and/or consent requirements.

Enter your text here

2. Please describe whether the proposed changes will impact the research subjects in any manner.

1. Will the proposed changes necessitate requisition of re-consent from the research subjects? If not, please state why.
2. Will the proposed changes present any additional risks to research subjects? If yes, provide details regarding the same.

Enter your text here

3. Please describe whether the proposed change has any impact on the scientific integrity of the study (i.e. decrease, increase, or no impact).

Enter your text here

4. Please provide the list of documents included with the application that have been modified (consent letter, survey/data collection forms/ interview questionnaire etc). Mention the modifications made in each of the documents.

Enter your text here

5. Will the proposed change require that additional people will have to access to your research data. If yes, state their name and details.

Enter your text here

6. Applicant’s name and signature:

7. Date of IRB amendment form submission (DD/MM/YYYY)

NOTE: Upload any modified documents (listed in (4)) with this amendment application.