

 <p>New -Annual Progress Report</p>	MAKERERE UNIVERSITY SCHOOL OF HEALTH SCIENCES RESEARCH AND ETHICS COMMITTEE (MakSHS-REC) COLLEGE OF HEALTH SCIENCES	MakSHS-REC Office Use only: Approval date: _____ —
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REC FORM 103

REQUEST FOR AMENDMENT/MODIFICATION

Note submit application online: <https://nrims.uncst.go.ug/>

Also, send application to healthsciences.ibr@gmail.com

MakSHSREC REF. Number (Submission will not be process without study reference number.)	Date of Request
Initial approval date	
Previous renewal approval date (if applicable)	
Expiry date of initial approval or renewal approval	
Principal Investigator Name Phone # Email	Contact Person (if other than PI) Phone # Email
Title of Study	

1. Description of proposed changes: (Note: Changes may not be implemented before MakSHS-REC approval)

Carefully list and number the intended amendments and provide reasons for amendments in number 2 below

2. Reason (s) for the above Amendment/Modification (Indicate reason per each amendments/modifications)

3. Changes to Consent Form: Are changes required? No _____ Yes _____ (If Yes, attach new consent form)

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Signature of Principal Investigator	Date

Approval of Changes /Modifications by MakSHS-REC

	Signature	Date
Recommended : _____	MakSHS-IRB Chairperson or Authorised	
Not recommended: _____	Signatory	

Note: Submit amended documents with track changes and amended clean documents
Ensure the study reference number for the study is provided on this form, approval date, expiry date etc.
Ensure the intended amendments are listed and numbered and with reasons for amendments
The submission will be processed only if all the above are provided