**Auckland Health Research Ethics Committee (AHREC)**

**Amendment Request Form, version 1.0**

|  |  |
| --- | --- |
| **For Administrative use only:** | |
| **Date received at RO:** | Click here to enter a date. |

# Section A: Protocol

|  |
| --- |
| **Protocol Number of the approved AHREC application to be amended:**  Click here to enter text.  Full project title: Click here to enter text.  Current Principal Investigator: Click here to enter text.  Auckland DHB Service Area (if relevant): Click here to enter text.  University Department or School (if relevant): Click here to enter text. |

# Section B: Requested Amendments

|  |
| --- |
| **Are you requesting an extension to your approval?** |
| **Are personnel being added, removed or the PI changed as part of this Amendment?**      **If “Yes”, please name the researchers and clearly indicate whether they are to be added or removed from the study’s personnel.**  Click here to enter text. |
| **Summary of all other changes – please provide a numbered list of the proposed changes and how these changes vary from the approved application.**  Click here to enter text. |

# Section C: Supporting Documents Checklist

Please ensure that any modified supporting documents, with visible tracked changes, are included in the submission. And please indicate which documents have been included in the submission:

Participant information sheet

Consent form

Interview questions or topics

Focus group questions or discussion topics

Surveys or questionnaires

Assent form

Advertisement(s)

email invitations

Confidentiality agreement