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| **Date:** | **DMU ref:** |

**DE MONTFORT UNIVERSITY, FACULTY OF HEALTH AND LIFE SCIENCES,**

**FACULTY RESEARCH ETHICS COMMITTEE**

**REVIEW FORM FOR ETHICAL APPROVAL OF AN AMENDMENT**

**TO AN APPROVED RESEARCH PROJECT**

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| Name of Applicant:  |  | Name of Reviewer:  |  |
| Title of project:  |  | Reviewer’s Signature:**Date:** |  |

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| **Issues for consideration** | **Yes**  | **No**  |
| Does the proposed amendment identify any additional research procedures? |  |  |
| Have any changes been made to data collection strategies/instruments? |  |  |
| Has the proposed amendment identified additional study sites? |  |  |
| Have there been changes to the sampling frame/size/composition? |  |  |
| Have there been any changes in the research team? |  |  |
| Does the proposed amendment(s) require an update to the participant information? |  |  |
| Does the proposed amendment(s) require an update to the consent form(s)? |  |  |
| Do any of the amendments have implications for the data analysis/storage?  |  |  |
| **Comments on the proposed amendments** |
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| **Outcome** | **Please tick (√) one box only** |
| 1. I recommend this study is given ethical approval (no changes required) |  |
| 2. I recommend the applicant addresses the changes listed below and the  resubmission is re-reviewed by a reviewer or the Chair |  |
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| **Please list the specific changes the applicant must make to obtain ethical approval.** |
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| **Please write any additional comments you may have (optional)**  |
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