

Western Australian Aboriginal Health Ethics Committee

Amendment Request Form

Please provide the information below and attach all relevant documents.

HREC No: Chief Investigator:

Project Title:

|  |  |
| --- | --- |
| **Requested Modifications** | **Details of requested modifications(s)** |
| **Extension of time:** | **From:** |  | **To:** |  |
| **Change of personnel:** |  |
| **Other minor change:** |  |
| **Modified research protocol:** | [If this is a modification to the research protocol, please provide a succinct overview of the proposed changes. Depending on the extent of modification requested, this can also be provided in a letter format.] |

**Signature of Researcher Date**

Please submit this form and attachments to ethics@ahcwa.org

Copyright © Aboriginal Health Council of Western Australia 2021 Doc 676. Version: 5.0