

# HREC

## Amendment request form

*For Mercy Health HREC approved research, please provide information below.*

### Project Information

Mercy HREC reference number:

Project Title

Principal Investigator (PI):

Date of this form:

Project contact (if different to PI):

Project contact email:

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### Amendment Information

*(Please select all that apply)*

*Extension or reactivation of HREC approval is requested in an annual progress report.*

Does this amendment raise any ethical issues?

Do the changes raise any privacy issues?

- Change/add investigator or personnel
- Protocol amendment
- PICF amendment
- Other supporting document amendment
- Additional site
- Other

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Plain language summary of proposed changes: *Include page numbers of amended sections.*

Justification of proposed changes: *Include all ethical and privacy considerations. When adding new investigators to study, summarise their role, reason for inclusion and applicable expertise.*

Amended documents included in this application: *Include document title, version number and date.*

## Declaration

The information in this amendment request form is complete and correct. The project is being conducted in keeping with the conditions of approval by the Mercy Health HREC (and subject to any changes subsequently approved) and in compliance with the *National Statement on Ethical Conduct of Human Research* (NHMRC, 2018).

PI Name:

Date

Please click to submit this form via email.

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## Research Office Use Only

Mercy HREC acknowledgement

Name

Position

Date

Comment