|  |
| --- |
| Office Use Only Protocol Number:   |

 

**INSTITUTIONAL REVIEW BOARD**

**FORM C – AMENDMENT FORM**

**INSTRUCTIONS:**

1. Please complete all sections and submit one hard copy of the amended protocol.
2. The **amended protocol with highlighted changes** should be merged with the Amendment Form C.
3. Send a single pdf file of all documents to cuirb@central.edu.gh to facilitate the review process.
4. Use very clear font size such as Times New Roman 12pt, Arial 11 pt, Calibri 12pt.

**SECTION A: BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| Study title  |   |
| Principal Investigator  |   | Study start date  |   |
| Certified Protocol Number (CPN)  |   | Anticipated end date  |   |

 CU IRB Form C 1

Version Date: September, 2023



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**SECTION B: PROPOSED AMENDMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current condition** *(indicate source document & location)* | **Amendment**  | **Proposed by**  | **Reason for change**  | **Will change increase risk to participants?**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

**SECTION C: SIGNATURE**

|  |  |  |
| --- | --- | --- |
| Name  | Signature  | Date  |
|   |   |   |

**Principal Investigator / Co-**

**Investigator**

 CU IRB Form C 2

Version Date: September, 2023