|  |
| --- |
| 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



**INSTITUTIONAL REVIEW BOARD**

**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