

**APPLICATION FORM for Protocol Amendment Review**

PROTOCOL NUMBER:	SUBMITTED DATE:
PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR:	
INSTITUTE:	Telephone:
APPROVED DATE:	NO. OF AMENDMENT:
REASON FOR THE AMENDMENT:	
TYPE OF AMENDMENT REQUESTED: <input type="checkbox"/> EXPEDITED (Minor changes) <input type="checkbox"/> FULL REVIEW BY REBH (More than minor changes or that amendment "materially affects risks to subjects")  SIGNATURES:  <div style="text-align: right; margin-right: 100px;">                     _____ Date:.....                 </div> Principal Investigator	
COMMENTS: <input type="checkbox"/> EXPEDITED (Minor changes) <input type="checkbox"/> FULL REVIEWED  APPROVALS  <div style="text-align: right; margin-right: 100px;">                     _____ Date: .....                 </div> Chairperson, REBH  COMPLETION  <div style="text-align: right; margin-right: 100px;">                     _____ Date: .....                 </div> Member-Secretary, REBH	
<b>PROTOCOL NUMBER: ...INSTITUTE..... □□□ / □□ - □□</b>	