

YENEPOYA ETHICS COMMITTEE 2

Yenepoya (Deemed to be University)

Floor -2(Basement), Yenepoya Dental College, Mangalore-575018

yec2@yenepoya.edu.in,(0824)2206000- Extension Number - 2063

DCGI Registration No.: ECR/1337/Inst/KA/2020

DHR registration No.: EC/NEW/INST/2023/KA/0276

Annexure 2: YEC2/Ann02/SOP09/v1

Protocol / Protocol related documents Amendment Request and Assessment Form

YEC 2 protocol Number
Title of the study
Name of the principal investigator
Department and institution:
YEC 2 approval date:
State the proposed amended in detail:
Part/parts of the protocol in which amendment proposed:
Reasons for requesting amendment:
Impact of the proposed amendment on you present study at this site:(modifications in the ICD, re-consent of research participants, untoward effects likely to occur because of the amendment or any other)
Have the changes modifications in the amended versions been highlighted/ underlined? Yes <input type="checkbox"/> No <input type="checkbox"/>

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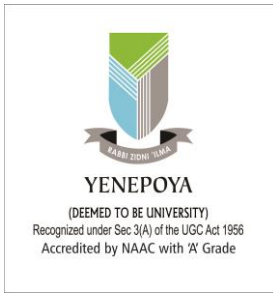
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Signature of the Principal Investigator:

Name with Date:

Type of review:-(Decision by the Chairperson/Member Secretary)

Review by Member Secretary/ Chairperson

Review by designated YEC 2 members

Full Board discussion and review

Decision:

Approved Suggested Recommendation(s)

Disapproved Next full board discussion

Name of Reviewer:

Signature with Date:

Note :

(Download the form, type the details, print, sign, scan and send to YEC2at yec2@yenepoya.edu.in. Please do not delete any of the text typed in the form)