



## Application/ Notification form for Amendments Yenepoya Ethics Committee-3 (YEC-3)

EC Ref. No.(for office use):

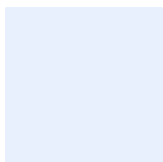
Title of study:  
Principal Investigator (Name, Designation and Affiliation)

1. Date of EC approval: [Click here to enter a date.](#) Date of start of study: [Click here to enter a date.](#)
2. Details of amendment(s)

S.No	Existing Provision	Proposed Amendment	Reason	Location in the protocol/ICD <sup>18</sup>

3. Impact on benefit-risk analysis  
If yes, describe in brief: Yes ☐ No ☐
4. Is any re-consent necessary? Yes ☐ No ☐  
If yes, have necessary changes been made in the informed consent? Yes ☐ No ☐
5. Type of review requested for amendment:  
Expedited review (No alteration in risk to participants) ☐  
Full review by EC (There is an increased alteration in the risk to participants) ☐
6. Version number of amended Protocol/Investigator's brochure/ICD:

Signature of PI:



[Click here to enter a date.](#)

<sup>18</sup>Location implies page number in the ICD/protocol where the amendment is proposed.