



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 ¹⁸

3. Impact on benefit-risk analysis Yes No
If yes, describe in brief:

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.](#)

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