**AF/01-11/01.0**

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| **โลโก้มทสขาวดำ Suranaree University of Technology****Institutional Ethics Committee** | **Resubmission for Study Amendment****แบบรายงานการแก้ไขเพิ่มเติมโครงการวิจัย** |

**Instruction** : Please fill in the form or tick 🗸 in the box that applied and attach documents if necessary.

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| **Protocol title**: | **COA No**. | For the recordonly |
| **Study Code:** |
| **Principal Investigator**: | **Investigator No**. |
| **Sponsor**: |  |
| 1. **Which part of the study do changes apply?** (more than one is possible) |  |  |
|  | Protocol \_\_\_\_consent form \_\_\_\_investigators \_\_\_\_Other (specify) ................. \_\_\_\_ |  |
| 2. **List all proposed change(s) and rationale for change(s) (**detailed documents can be attached**)** |  |
| 3. **How will the amendment affect the risk and benefit for the subjects**?**Risk** may be 🗆 increased 🗆 same 🗆 decreased**Potential benefit** may be 🗆 increased 🗆 same 🗆 decreased |  |
| 4. **How does the amendment affect the informed consent?**new consent is not required \_\_\_\_new consent is in addition to the current one \_\_\_\_new consent is to replace the current one \_\_\_\_ |  |

**Note:** Study amendments may not be instituted until written approval from the ethics committee is received.

Investigator signature……………...…………….………………….………Date………/………/………

(Please retain copy of the completed form for your study record.)