

MEDICAL RESEARCH COUNCIL OF ZIMBABWE

Request for Amendment/Modification

Please complete the following:

MRCZ REF. Number (MRCZ will not process requests without this number.)	Date of Request
Principal Investigator Name Phone # Email	Contact Person (if other than PI) Phone # Email
Title of Study	

1. Description of proposed changes: (Note: Changes may not be implemented before MRCZ approval)
Use attachments and additional pages, as needed.

2. Reason for Amendment/Modification:

3. Changes to Consent Form: Are changes required? No _____ Yes _____ (If Yes, attach new consent form)

_____ Signature of Principal Investigator	_____ Date
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Approval of Changes /Modifications by MRCZ

Recommended : _____
Not recommended : _____

Signature
IRB Chairperson or Authorised Signatory

MRCZ Office Use only:
Approval date: _____
Approved by: _____