

**SJH/AMNCH Joint Research Ethics Committee
Non-Clinical Research Amendment Request Form**

Part 1 – Original Application Details

| | |
|------------------------------|--|
| Date of Original Submission | |
| Principal/Lead Investigator | |
| Title of Research Project | |
| Date of Ethical Approval | |
| Original REC Letter Ref. No. | |

Part 2 – Amendment Request

Please give specific details of the requested amendment(s):

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Part 3 – Signatures

Principal/Lead Investigator:

| | |
|-----------|--|
| Name | |
| Signature | |
| Date | |

N.B. Please email this form to claire.hartin@amnch.ie and attach any relevant supporting documentation i.e. updated PIL, Consent, Protocol, Questionnaires etc.