A logo of a university

Description automatically generated **HUMAN RESEARCH ETHICS COMMITTEE**

**AMENDMENT/EXTENSION REQUEST FORM**

*If you wish to make an amendment, request a time extension or notify the committee of a new researcher for an approved study you will need to complete this form and submit to the relevant Human Research Ethics Committee*

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| **SECTION A: GENERAL INFORMATION** | | | | |
| 1. **Research Ethics Reference Number**: | | | |  |
| 1. **Title of study:** | |  | | |
| 1. **Name (s) of Principal Investigator/ Applicant:** | | | |  |
| 1. **Name of UCD Supervisor** *(if applicable)* | | | |  |
| 1. **UCD School/Department:** | | | |  |
| 1. **Date UCD Ethics Approval Granted:** | | | |  |
| 1. **Date of Study Completion (at the time of Approval)** | | | |  |
| 1. **Academic Qualification Granted/to be granted** *(if applicable)* | | | |  |
| 1. **Have you requested any amendments or time extensions before from UCD HREC?** | | | | **Yes  No**  *If yes please provide details below* |
| *a)* | *Please confirm how many amendments and time extensions you have requested* | | |  |
| *b)* | *Please provide the dates of each amendment and/or time extension approval you have received* | | |  |
| 1. **What is this request for?** | | | **Amendment?** | **Yes  No**  *If yes, please complete Section B below* |
| **Time**  **Extension?** | **Yes  No**  *If yes, please complete Section C below* |
| **New Researcher?** | **Yes  No**  *If yes, please complete Section D below* |

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| **SECTION B: PROPOSED AMENDMENT** | | |
| **1)** | **Please provide details of the amendment you wish to make** | |
|  |  | |
| **2)** | **Does this amendment alter the original approved study?** | **Yes  No**  *If yes, please provide details below* |
|  |  | |
| **3)** | **Were there any unexpected adverse events during your study? Please provide brief details** but note you will need to submit an Unexpected-Adverse Events Report (HR5) with this form. | **Yes  No**  *If yes, please provide details below* |
|  |  | |
| **4)** | **Are you revising your supporting documents to reflect this amendment?** | **Yes  No** |
|  | ***If yes,*** *please provide a revised original supporting document template for this study, that is, you should use the version that was originally approved. All revisions must be made clear in red ink.*  ***Please do not use track changes in any supporting documents*** | |

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| **SECTION C: PROPOSED TIME EXTENSION** | |
| **1)** | **Please provide details of the proposed time extension and why it is necessary** |
|  |  |
| **2)** | **Please provide a proposed end date for the study** |
|  |  |
| *Please note that there is a limit as to how many time extensions any one study can have* |
| **3)** | **Any Other Comments?** |
|  |  |

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| --- | --- |
| **SECTION D: NEW RESEARCHER** | |
| **1)** | **Please provide the name of the new researcher (s) and provide any comments for noting** |
|  |  |

**Please ensure that you submit this Report as a word doc by email only to** [**hrec@ucd.ie**](mailto:hrec@ucd.ie)