



崇華醫院  
Chong Hua Hospital  
Fuente Osmeña, Cebu City  
Tel# +63(32) 255-8000; Fax# +63(32) 253-5639

**PROTOCOL AMENDMENT  
SUBMISSION FORM**

Form HRP-IRB-017

*Any amendment to an approved protocol must be reviewed and approved by the IRB before the amendment is implemented. Such amendments could include changes to the study design, procedures, enrollment, methods of recruitment, personnel, funding source or the consent form/information sheet. This includes changes that appear to reduce risks to subjects. There are NO EXCEPTIONS to this rule.*

Principal Investigator:	Date:
Sub-Investigators:	Correspondent:

Protocol No. and Study Title:
1. Describe each proposed amendment(s) and explain why it is being made.
2. For each amendment listed above, explain whether the proposed amendment increases or decreases the level risk to participants (thereby changing the risk/benefit ratio) and, if so, describe.
<input type="checkbox"/> Does not change the risk/benefit ratio
<input type="checkbox"/> Increase the risk to participants
_____
<input type="checkbox"/> Decrease the risk to participants
3. Has the funding source or the status of funding changed since initial or last re-approval review?
<input type="checkbox"/> YES <input type="checkbox"/> NO



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TYPE OF AMENDMENT REQUESTED:

- EXPEDITED (Minor changes)  
 FULL REVIEW BY IEC/IRB (More than minor changes or that amendment "materially affects risks to subjects")

SIGNATURE:

\_\_\_\_\_ Date: \_\_\_\_\_  
Principal Investigator

COMMENTS:

- EXPEDITED (Minor changes)       FULL REVIEWED

APPROVAL:

\_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson, IEC/IRB

COMPLETION:

\_\_\_\_\_ Date: \_\_\_\_\_  
Secretary, IEC/IRB

PROTOCOL NUMBER:  IRB -  -