NARAYANA
DENTAL COLLEGE AND HOSPITAL

# (Annexure 4)
# Application/ Notification form for Amendments
# Institutional Ethics Committee
# Narayana Dental College & Hospital

**EC Ref. No.***(for office use):*

| Title of study:<br><br>Principal Investigator (Name, Designation and Affiliation) |
|---|

1. Date of EC approval: Click here to enter a date. Date of start of study: Click here to enter a date.
2. Details of amendment(s)

| S.No | Existing Provision | Proposed Amendment | Reason | Location in the protocol/ICD[18] |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

3. Impact on benefit-risk analysis Yes ☐ No ☐
   If yes, describe in brief:
4. Is any re-consent necessary? Yes ☐ No ☐
   If yes, have necessary changes been made in the informed consent? Yes ☐ No ☐
5. Type of review requested for amendment:
   Expedited review (No alteration in risk to participants) ☐
   Full review by EC (There is an increased alteration in the risk to participants) ☐
6. Version number of amended Protocol/Investigator's brochure/ICD:

Signature of PI:

Click here to enter a date.

[18] *Location implies page number in the ICD/protocol where the amendment is proposed.*