



Ethics Review Committee

Faculty of Medicine, Wayamba University of Sri Lanka

Request Form for Protocol Amendment

ERC Reference No: PW/ / /					
Protocol Title:					
Principal Investigator					
Name:					
Address:					
Phone No:		E mail Address:			
ERC Approval date: DD/MM/YYYY		Amendment No:			
Do these amendments increase the risk to the participants?			Yes	No	
*If yes provide details					
Do these amendments raise any new ethical issues?			Yes	No	
*If yes provide details					
Attach a Summary of amendments with reasons and page no					
Signature of PI:		Date	DD	MM	YYYY