



Ethics Review Committee

Faculty of Medicine, Wayamba University of Sri Lanka

SOP revision request form

Name:				
Designation:				
Are you an ERC member?		Yes		No
Details of the proposed amendment:				
a. SOP Version No:				
b. SOP Number and Title:				
c. Proposed amendment :				
d. Justification for the proposed amendment:				
Signature:		Date	DD	MM
				YYYY