

Protocol Amendment Review

MMERC Protocol No.	Sponsor Protocol No	Date of Submission	Date of Approval

Title	
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Principal Investigator	Sponsor	Contact No.

Type of Review	<input type="checkbox"/> Full board <input type="checkbox"/> Expedited
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Original Provisions	Proposed Amendment	Rationale	Reviewer's Comment

Criteria for Evaluation	Assessment
A. Effect on the safety of participants B. Effect on the risk-benefits ratio C. Effect on the data integrity D. Effect on the feasibility of the study E. D. Effect on ICF (e.g. need for changes, re-consent...)	

Comments: _____

FOR MMERC

RECOMMENDATION

Decision	<input type="checkbox"/> Approval <input type="checkbox"/> Major Modification <input type="checkbox"/> Minor Modification <input type="checkbox"/> Disapproval		
Reviewer's Name		Date	
Signature			