

OFFICE USE ONLY

Date submitted: _____

Ref: _____

Submission number: _____

Reviewers: _____

Decision: _____

Research Ethics Committee-Faculty of Pharmacy

Complementary Form for Research project

Project title	
Department	
Applicant	
Supervisor	

This form should be filled by applicants to state the modifications in their project. This form must be delivered to the ethics committee: (1) in the beginning of second part of research project (for all projects) and (2) in case of any modifications (if any) in the information submitted in the original ethics application form in part one.

Is there any modifications in protocol of work	Yes/No
Other modifications in the research	Yes/No
Is there any documents that you are going to attach to this form	Yes/No

Write the modifications that you are going to make in your project.

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Applicant signature	
Supervisors signature	

This part is filled by the Ethics committee

Is this modification considered major

Minor

The ethics committee comment and recommendations on these modifications

This part is filled by the Ethics committee after fulfilling the recommendations of the Ethics committee

This research is approved or not approved

Head of the ethics committee signature	
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