

**Medical Research and Ethics Committee (MREC),  
Minsitry of Health Malaysia  
Amendment Application Form**

**Instructions to the Investigators:**

- Please complete and append this form together with the amendment submission to MREC. Amendment submission is to be done via NMRR system and could only be performed by the Corresponding Person of the study. Please refer to the manual available in the NMRR Homepage for Step by Step guide on submitting amendment.

I. Project Information	
NMRR ID:	
Protocol ID:	
Research Title:	
Type of Study:	<input type="checkbox"/> Investigator Initiated Research (IIR) <input type="checkbox"/> Industrial Sponsored Research (ISR)
Corresponding Principal Investigator:	
Corresponding Principal Investigator's Site:	
Contact information (H/P Number):	
Contact Information (E-mail Address):	
CC List (If Relevant): <i>Please list the names of other investigators you wish the MREC decision letter to be addressed to, other than the name of the Corresponding PI</i>	

II. Amendment Submission Package (Please tick checkbox to verify completeness)	
<input type="checkbox"/>	All amended and new document/s (Please ensure the changes made have been highlighted/ indicated in the relevant document) <ul style="list-style-type: none"> <li><input type="checkbox"/> Study Protocol/ Study Proposal</li> <li><input type="checkbox"/> Investigator Brochure</li> <li><input type="checkbox"/> Patient Information Sheet/ Informed Consent Form</li> <li><input type="checkbox"/> Questionnaire</li> <li><input type="checkbox"/> Study Clinical Report Form (CRF) / Data Collection Form</li> <li><input type="checkbox"/> Patient's Diary</li> <li><input type="checkbox"/> Advertisement for Subject Recruitment</li> <li><input type="checkbox"/> Trial Insurance Certificate</li> <li><input type="checkbox"/> IA-HOD-IA Forms (<i>For new study investigators/ study sites</i>)</li> <li><input type="checkbox"/> Curriculum Vitae (<i>For new study investigators/ study sites</i>)</li> <li><input type="checkbox"/> Good Clinical Practice (GCP) Certificate (<i>For new study investigators/ study sites- applicable for clinical trial studies</i>)</li> <li><input type="checkbox"/> Other Related Research Documents</li> </ul>

No	List of Document(s) to be reviewed & approved (Complete with Version Number & Version Date) E.g.: Study Protocol Version 4, dated 08 April 2016

### III. AMENDMENT DETAILS (Please tick checkbox)

Type of Amendment/s:	<input type="checkbox"/> Research Procedure/ Protocol (including Research Instruments) <input type="checkbox"/> Participant Group <input type="checkbox"/> Sponsorship/ Collaborators <input type="checkbox"/> Patient Information Sheet/ Informed Consent Form <input type="checkbox"/> Principle Investigator/ Study team/ Study sites <input type="checkbox"/> Other/s _____
Summary of Changes: <i>Please describe in brief on the amendment requested</i>	

### IV. SUBSTANTIAL AMENDMENT (Please tick checkbox)

<b>Substantial Amendment</b>	
Definition: Change in the protocol that is likely to affect to a significant degree the :	
<ul style="list-style-type: none"> <li>• Safety or physical or mental integrity of the subjects of the study</li> <li>• Scientific value of the study</li> <li>• Conduct or management of the study or</li> <li>• Quality or safety of any medicinal product used for clinical trials</li> </ul>	
<input type="checkbox"/>	Changes to the design or methodology of the study, or to background information affecting its scientific value;
<input type="checkbox"/>	Changes to the procedures undertaken by participants;
<input type="checkbox"/>	Any change relating to the safety or physical or mental integrity of participants, or to the risk/benefit assessment for the study;
<input type="checkbox"/>	Changes to the inclusion/ exclusion criteria;
<input type="checkbox"/>	Significant changes to study documentation such as participant information sheets/ informed consent forms, questionnaires, advertisement, letters of invitation, letters to GPs or other clinicians, information sheets for relatives or careers.
<input type="checkbox"/>	A change of sponsor(s) or sponsor's legal representative
<input type="checkbox"/>	Appointment of a new corresponding principle investigator;
<input type="checkbox"/>	Addition of new trial site and/ or new PI (applicable for clinical trials only)
<input type="checkbox"/>	A change to the insurance or indemnity arrangements for the study;

<input type="checkbox"/>	A change to the payments, benefits or incentives to be received by participants or researchers in connections with taking part in the study, or any other change giving rise to a possible conflict of interest on the part of any investigator/ collaborator
<input type="checkbox"/>	Temporary halt of a study to protect participants from harm, and the planned restart of a study following a temporary halt
<input type="checkbox"/>	A change to the definition of the end of the study;
<input type="checkbox"/>	Change in subject recruitment number
<input type="checkbox"/>	Any other significant change to the protocol or the terms of the MREC application (Please Explain) _____

<b>V. NON-SUBSTANTIAL AMENDMENT (Please tick checkbox)</b>	
<b>Non-Substantial Amendment</b>	
<input type="checkbox"/>	Minor changes to the protocol or other study documentation, (e.g. correcting errors, updating contact points, minor clarifications;
<input type="checkbox"/>	Updates of the investigator's brochure / Summary of product report
<input type="checkbox"/>	Changes to the research team (other than appointment of new principle investigator);
<input type="checkbox"/>	Changes in funding arrangements
<input type="checkbox"/>	Changes in the documentation used by the research team for recording study data;
<input type="checkbox"/>	Changes in the logistical arrangements for storing or transporting samples
<input type="checkbox"/>	Inclusion of new sites and investigators in study protocol
<input type="checkbox"/>	Extension of the study beyond the period specified.
<input type="checkbox"/>	Changes to the presentation of previously approved wording such as an approved advertisement being used in a different format.
<input type="checkbox"/>	Routine closure of sites at the end of the study
<input type="checkbox"/>	Changes to contact details for the sponsor(s) or sponsor's legal representative, principle investigator, study team or other project staff
<input type="checkbox"/>	Any other non-substantial amendment (Please Explain) _____

<b>VI. Principle Investigator Certification</b>	
<b>I certify that I have reviewed the details of this report and the information above and reflect my conclusions.</b>	
Name of Investigator:	Role in the Study:
Signature of the Investigator:	Date Signed:

**MREC OFFICE USE ONLY (Do not write below this line)- Please Tick (✓) at the appropriate checkbox**

**Screening by MREC Secretariat**

Submission complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Further information is required; Specify: _____ _____
Screened by:	Date screened:

**Review by MREC Chairperson/Deputy Chairperson / Member/ Member Secretary or Member Secretariat Delegated by Chairperson**

Any significant amendment(s) which affects the risk/ benefit ratio?	<input type="checkbox"/> No. (No further action required)	
	<input type="checkbox"/> Yes. Delegated review required:	<input type="checkbox"/> By Chairperson/ Deputy Chairperson  <input type="checkbox"/> By Delegated Reviewer: _____
Additional actions or information needed?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Specify: _____ _____	
Date reviewed:	Reviewed by:	

To be endorsed in the next full-board meeting:	<input type="checkbox"/> Red Panel Meeting Date: .....
	<input type="checkbox"/> Blue Panel Meeting Date: .....