KAIRUKI UNIVERSITY

INSTITUTIONAL RESEARCH ETHICS COMMITTEE

FORM KU/IREC 05: PROTOCOL AMMENDMENT FORM

Protocol title:
Protocol no:
IREC Medical Advisor:
Type of amendment requested: Expedited [ ] Full review [ ]

Signatures: ..... Date .....
Principal Investigator

---------- Date .....
Medical Advisor

---------- Date .....
Medical/Scientific Director

Approvals: ..... Date.....
Chairperson, IREC

---------- Date .....
Secretary, IREC