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|  **Amendment Number** ................................... **Dated**............................................................ |
|  **➊ Research Project Information** |
| **Research Proposal Number**…………………………………………………………………………………………………………………………………………………… **Type of IRB Approval** 🞎 Exemption 🞎 Expedited 🞎 Full Board 🞎 Broad Consent**Reference Number (COE/COA)** ..............................................................................................................................................................**Title of Research Project**(Thai)..............................................................................................................................................................................................................(English).........................................................................................................................................................................................................**Duration of the Study**: From ............................. to ...................................  |
| **➋ Details of Principal Investigator/Advisor and Co-investigators** |
| **1. Principal Investigator/Advisor’s Name** ............................................................................................................................................Faculty...............................................................................Tel................................................................................**2. Researcher/Student’s Name**...............................................................................................................................................................Faculty.............................................................................. Tel.................................................................................**Or Research coordinator Name**..............................................................................................................................................................Faculty.............................................................................. Tel................................................................................. |
| **➌ Research Amendment Report** |
|  🞎 3.1 Amendment of the principal investigator/ co-investigator (s) (please specify name, affiliate faculty, phone number, email address, and attach an Informed consent form to be investigator (s), resume, and a certificate of trainings in Human Research Ethics)  🞎 3.2 Amendment of the study site/ data collection site  🞎 3.3 Amendment of the sample size (participants) (please attach the calculation method used to determine the new sample size (participants) 🞎 3.4 Amendment of documents (specify the documents amended according to the document list IRB Form – 01 or IRB Form – 02 as reference) 🞎 3.5 Amendment of Research Procedure (Please Attach the Amended Research Proposal)  🞎 3.6 Others ........................................................................................................................................................................................ |
| **➍ Reasons and Additional Details (topics can be added if there are various types of amendment)** |
|  As specified in no. 3 ...................................................................................................................................  **Please specify** Reason, Content, Type of Document, Topic, the Amended Page of Document |
| **Previous statement** | **New statement** | **Reasons for the Amendment** |
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| **➎ The Effect to Participants / The Amendment of Participant Information Sheet / Informed Consent Form** |
|  🞎 Not Affect Participants 🞎 Affect Participants (Increasing Risk) 🞎 The Amendment of Participant Information Sheet/Informed Consent Form (Please Attach (1) A New Document or (2) Additional Part of Document) ⭘ (1) A New Participant Information Sheet/Informed Consent Form 🞎 Apply for New Participants  🞎 Apply for the Former Participants with a New Consent ⭘ (2) Additional Part of Document for the Former Participants |
| **➏ For Principal Investigator/Advisor and Co-researchers** |
| Signature ……………………………………………………………(Printed Name ......................................................................)Principal Investigator/ StudentDate .................................................... | Signature ……………………………………………………………(Printed Name .....................................................................)Department Head/ Program Chair/ Advisor Date .................................................... |
| **\*\*\*Remarks: Please submit the following documents.**  1. Report for Protocol Amendment Form (IRB Form-03)  2. All the amendment documents, both the previous version and the amended version (please specify on top of the documents: Amendment Version ………… Date ……………….) please highlight or mark the amended statements both in the previous version and the amended version.) 3. Please submit the documents to ethics@mail.kmutt.ac.th |
| **➐ For KMUTT Institutional Review Board**  |
| **For IRB Committee Secretary** Comment on the Amendment 🞎 Approved without Condition 🞎 Approved with Conditions (Please Revise according to the Suggestion) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… 🞎 Unable to Approve and Submit for IRB Full Board Review - Please Provide Reasons…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Signature ……………………………….........…….…(IRB Committee Secretary)Date ............................................. |
| **➑ For Chair of the KMUTT Institutional Review Board**  |
| **Dear Chair of the KMUTT Institutional Review Board** 🞎 Acknowledged and approved. Please proceed with the document collection.  🞎 Others ....................................................................................Signature ………………….................................….............….…………… (Chair of the KMUTT Institutional Review Board) Date ........................................................................................  |