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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/ Student  Date .................................................... | | 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 ........................................................................................ | | | |