



**UP OPEN UNIVERSITY**  
Institutional Research Ethics Committee

**APPLICATION FOR ETHICS  
REVIEW OF AMENDMENTS**

|                      |       |
|----------------------|-------|
| REC Form No.         | 9 (A) |
| Version No:          | 01    |
| Date of Effectivity: |       |

**General Information**

|   |       |                     |             |
|---|-------|---------------------|-------------|
| *Title of Study                                 |       |                     |             |
| Version Number/Date of the EC approved protocol |       |                     |             |
| *REC Code (To be provided by UPOU IREC)         |       | *Study Site         |             |
| *Name of Researcher                             |       | Contact Information | *Tel No:    |
|   |       |                     | *Mobile No: |
| *Co-researcher (if any)                         |       |                     | Fax No:     |
|   |       |                     | *Email      |
| *Institution                                    |       |                     |             |
| *Address of Institution                         |       |                     |             |
| Effective period of Ethical Clearance           | From: | To:                 |             |

| Procedure/provisions to be amended (Use additional sheets if necessary) | Original Procedure/Provision | Proposed Amendment/s | Justification |
|---|------------------------------|----------------------|---------------|
|   |                              |                      |               |



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Signature of Researcher: \_\_\_\_\_

Date: \_\_\_\_\_