AIDD Ethics Committee

Protocol Variation Request Form

Address for Correspondence: ***House 76 & 78, Road 14, Block B, Banani R/A, Dhaka - 1213***

*The committee currently accepts scanned copies of signed forms via email:* ***disabilityasia@gmail.com***

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| **ADMINISTRATION** |
| **Approval No.**  |  |
| **Project Title:** |  |
| **Approval Date:** | DD / MM / YYYY |
| **Chief Investigator Name:** |  |
| **Email:** |  | **Phone:** |  |

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| **VARIATION REQUEST HISTORY** |
| □ First variation request□ If previous requests have been made please list what was variations were requested and dates of approval: |

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| **THIS VARIATION REQUEST** |
| 1. **Does this variation involve changes to the research personnel working on the project?**

□ Yes □ NoIf yes, please complete below**Addition of research personnel: (leave blank if not applicable)**NameQualificationsMailing address:Telephone:Email addressRole on the research project:**Deletion of personnel: (leave blank if not applicable)**NameQualificationsMailing address:Telephone:Email addressRole on the research project: |
| 1. **Does this variation involve changes to the research protocol?** □ Yes □ No

If yes, where appropriate, present in terms of **from** the existing protocol **to** the new protocol and rationale behind the change (Attach the original of any documents that are new or revised as result of the variation. For revised documents, please highlight the changes and identify them with version # and date) |
| 1. **Does this variation involve recruiting new participants groups, or changing the way in which the participants are to be recruited?** □ Yes □ No

If yes, provide full details using the following headings:What is the participant group?What is the number of participants involved and what is the justification for choosing this number?From where will the participants be recruited?How and by whom will participants be approached to receive the invitation to participate? |
| 1. **Are there any other ethical considerations that are raised by the proposed variations?** □ Yes □ No

If yes, provide details below: |
| 1. **Are there any governance considerations that are raised by the proposed variations?** □ Yes □ No

If yes, provide details below: |
| 1. **Revised Documentation**

Please list all the documentation that needs to be revised and is being submitted with this request for variation. |

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| **DECLARATION** |
| In signing this request form, I declare that:* The research protocol conforms to the BMRC's (Bangladesh Medical Research Council) Guidelines for Ethical Review of Projects involving Human Subjects, which I have read
* The variation will not be implemented prior to receiving approval form the ethics committee.
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| Name: |
| Signature |  | Date: | DD / MM / YYYY |