CRIF Ref:

**CRIF Approval Group**

Notification of Amendment

In order to facilitate the changes you require, please let us know what you would like to amend by completing sections 1-3 of this form. We will use this form as evidential records of the changes made to your project and it will be kept in CRIF as part of your project file.

|  |  |
| --- | --- |
| **CRIF Project Reference Number:** |  |
|  |
| **Project Name:** |  |

1. I would like to amend this project in the following way(s): **Please provide descriptions in the spaces provided.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Add an approved C2P/ WIP** (attach signed agreement): | | | |  |  | **Add an additional dataset** (note: change of dataset would require a new application): |
|  |
|  | |
|  | | **Request an increase in volunteer numbers:** | |  |  | **Add a new coil** (attach safety approval by NHSGGC MR Head if required): |
|  | | | |  | |
|  | **Add/remove Investigator(s):** | | |  | **Extend study duration** **to:**  \_\_/\_\_/\_\_\_\_ |
|  | |  |  |
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|  | |  |  |
| **Other:** | | | | |  | |
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1. Please provide justification for your requested amendment(s):
2. Declaration by Principal Researcher:

I confirm all members of the research team have seen this completed form and agree to its content:

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Outcome** (CRIF only)

|  |  |
| --- | --- |
| **Supported** |  |
| **Not supported** |  |
| **More information required** (detail below): | |
| **Amendment number** |  |