

FORM HK/IREC 05: PROTOCOL AMMENDMENT FORM

**HUBERT KAIRUKI MEMORIAL UNIVERSITY**

**INSTITUTIONAL RESEARCH ETHICS COMMITTEE**

Protocol title:	
Protocol No:	
IREC Medical Advisor:	
Type of amendment requested:	
Expedited	[    ]
Full review	[    ]

Signatures:                   -----                   Date -----  
                                Principal investigator

-----                   Date -----  
                                Medical Advisor

-----                   Date -----  
                                Medical/Scientific Director

Approvals                   -----                   Date -----  
                                Chairperson, IREC

-----                   Date -----  
                                Secretary, IREC