**Application for Protocol Amendment (for Department-Approved Study)**

|  |  |
| --- | --- |
| Psych-DER Reference Code: |  |
| Principal Investigator: |  | Date: |  |
|  |  |  |  |
| Protocol Title: |  |
| *Describe changes to the approved Psych-DER application, PIS & CF/assent form/recruitment advertisement, etc. Explain in the space below the reasons for requesting these changes. Please attach the revised documents to this form and highlight the changes in the revised document.* |
|  |
|  |
|  |  |  |
| Signature of Principal Investigator | Date |
| Signature of Corresponding Investigator | Date |
|  |
| **Sign below only if there are changes to the list of co-investigator(s) or collaborator(s).** *Please submit a copy of their CVs*. |
|  |  |  |
| New Co-Investigator: [name and signature] | Date |
|  |  |
| New Co-Investigator: [name and signature] | Date |
|  |  |  |
| New Collaborator: [name and signature] |  | Date |
| Only NUS faculty, NUS students, and non-NUS staff with salaried joint-appointment with NUS are eligible to apply as co-investigators. Non-NUS staff without salaried joint-appointment with NUS should apply as collaborators.  |

*(Please attach separate sheet, if required.)*

|  |
| --- |
| FOR DERC USE ONLY |
| **DER Decision**🞏 The protocol qualifies for IRB review exemption and is approved.🞏 The protocol will have to be reviewed by IRB as it does not qualify for exemption due to the following: 🞏 Identifiers are used in the protocol. 🞏 The protocol involves deception and/or vulnerable populations. 🞏 Other reason(s) as stated below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Signature of DER Chair Date: |