

	UNIVERSITY OF MAKATI RESEARCH ETHICS COMMITTEE		
	APPLICATION FOR ETHICS REVIEW OF AMENDMENTS	EC Form No.	0015
		Version No.	2
		Date of Effectivity	May 5, 2025

General Information			
Title of Study			
UMREC Code		Study Site	
Version number/date of the EC approved protocol		Type of Review <small>(To be provided by UMREC)</small>	
Name of Researchers <i>(First Name Mi, Last name)</i>	<i>Contact Number</i>	Email Address	
<i>Primary Researcher:</i>			
<i>Member/s:</i>			
<i>Adviser/s:</i>			
Institution of researcher			
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

Signature of Researcher: _____

Date: _____