



APPLICATION FOR PROTOCOL AMENDMENT TO APPROVED TRIAL

Study title	
Protocol No.	
Version No. and date*	
Study Medicine	
Sponsor:	
Applicant:	
Contact Person:	
Address:	
Telephone No.:	
Fax No.:	
Cell No.:	
E-mail address:	
Date of Application:	

Check-list

<input type="checkbox"/>	Cover Letter (describing the extent of amendment and reasons for change)
<input type="checkbox"/>	Two copies of clinical trial application for amendment (fully completed copies)
<input type="checkbox"/>	Original Protocol Synopsis
<input type="checkbox"/>	Amended Protocol (track changes)
<input type="checkbox"/>	Amended Protocol (clean copy)
<input type="checkbox"/>	A Table/succinct summary of all changes to the Protocol
<input type="checkbox"/>	Certificate(s) of Analysis and comparability data, i.e Change in Investigational formulation and/or excipients, etc.
<input type="checkbox"/>	Stability Data i.e. for extension of shelf-life
<input type="checkbox"/>	Revised Patient Information Leaflet(s); Informed Consent Form(s); and/or ASSENT, if applicable
<input type="checkbox"/>	Good Manufacturing Practice Certificate, if applicable i.e Change in Manufacturer
<input type="checkbox"/>	Active Insurance Certificate for Clinical Trial Participants, if applicable i.e. increase in number of participants, extension of study, etc
<input type="checkbox"/>	Revised Investigator's Brochure and / or all Professional Information / Package Insert(s)), if applicable
<input type="checkbox"/>	Ethics Approval Letter or Copy of letter submitted to Ethics Committee
<input type="checkbox"/>	Two Labelled CD-ROM (List of files submitted on CD-ROM)
<input type="checkbox"/>	Any additional information (list them), if applicable
<input type="checkbox"/>	Proof of payment

NB: Incomplete documentation or sub-standard submissions will be rejected.

Application should be ring-bound. Lever arch files will not be accepted.

Guidance for Amendments application

MINOR AMENDMENTS	
Changes that do not affect safety, design, analysis/results. Examples of minor amendments are listed below and are not limited to the following:	
ADMINISTRATIVE	
<input type="checkbox"/>	Change in CRO, Sponsor, Applicant or change of address
<input type="checkbox"/>	Additional Investigators (CTF 3 submission)
<input type="checkbox"/>	Additional sites (CTF3 submission)
<input type="checkbox"/>	Increase in number of local participants
<input type="checkbox"/>	Increase in number of Investigational Product (IP) to be imported
<input type="checkbox"/>	Any other Administrative changes (list them)
CLINICAL	
<input type="checkbox"/>	Change in the background information – Protocol
<input type="checkbox"/>	Tightening of inclusion criteria
<input type="checkbox"/>	Tightening of exclusion criteria
<input type="checkbox"/>	Extension of period of study (e.g low or high recruitment)
<input type="checkbox"/>	Other changes that do not affect the study or analysis/results

MAJOR AMENDMENTS	
Changes that affect safety, design, analysis/results. Examples of major amendments are listed below and are not limited to the following:	
<input type="checkbox"/>	Change in inclusion criteria
<input type="checkbox"/>	Change in exclusion criteria
<input type="checkbox"/>	Change in phase of study
<input type="checkbox"/>	Change in data analyses
<input type="checkbox"/>	Change in statistical component (including increase in overall number of participants)
<input type="checkbox"/>	Change in: dose of IP, route of administration, change in formulation, manufacturer, frequency, excipients, storage conditions, etc
<input type="checkbox"/>	Change in IP specification or source
<input type="checkbox"/>	Changes due to new safety data (significant changes may warrant study termination and subsequent submission of new trial)
<input type="checkbox"/>	Extension of period of study (e.g affect safety, study design/statistical component)
<input type="checkbox"/>	Any change that impacts on patient safety, quality or the analysis of data (major safety warning requires new application)

MAJOR AMENDMENTS REQUIRING NEW CLINICAL TRIAL APPLICATION

The changes that require new application. Examples of changes that require a new trial application (CTF-1) are listed below and are not limited to the following:

- | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Change in IP |
| <input type="checkbox"/> | Extension of Study i.e rollover studies |
| <input type="checkbox"/> | Change in standard of care arm |
| <input type="checkbox"/> | Addition or removal of study arm - including comparator or active control of arm (except approved as part of initial study) |
| <input type="checkbox"/> | Major safety warning |
| <input type="checkbox"/> | Major change in objectives, endpoints and rationale of the study |
| <input type="checkbox"/> | Change in study design |

SECTION 1: ADMINISTRATIVE

PART 1: ADMINISTRATIVE DETAILS	
1.1 SAHPRA Reference number	
1.2 Study Title	
1.3 Approved Protocol No, Date and Version	
1.4 Phase of trial	
1.5 Sponsor	
1.6 Applicant	
1.7 Date of approval of original protocol	
1.8 Details of investigators and sites already approved for this trial (Name of sites, investigators, Designation (whether Principal Investigators or Sub-Investigator).	
1.9 This Amendment No, Protocol Version No, and date of amendment*.	
1.10 Is this amendment local or global?	

*This Amendment No, Protocol version No, and date of amendment- is the one requiring approval for.

In this section provide summary, rationale/justification and risk assessment statement.

PART 2: CHANGES TO THE APPROVED NUMBER OF PARTICIPANTS	
2.1 Number of trial participants already approved for this trial in South Africa.	
2.2 Number of trial participants required for this trial globally.	
2.3 South African context: Does the applicant wish to increase or reduce the number of participants in this trial? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", provide details of this increase or decrease, together with a justification/rationale for the change cross-referenced to the amended protocol text.	

SECTION 2: PROTOCOL AMENDMENT

PART 3: AMENDMENT DETAILS	
<p>3.1 Does the applicant wish to change the eligibility criteria for this trial?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide the tracked changes protocol as well as a justification/rationale for these changes cross-referenced to the amended protocol text.</p>	
<p>3.2 Does the applicant wish to change the primary and/or secondary objectives of this trial?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide the protocol showing tracked changes of these changed objectives as well as a justification/rationale for the changes (cross-referenced to the amended protocol text).</p>	
<p>3.3 Does the applicant wish to change the duration of this trial?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide details of the justification/rationale for the changes (cross-referenced to the amended protocol text).</p>	
<p>3.4 Does the applicant wish to change the dose/regimen/route of administration/frequency of the study drug?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide the protocol with the tracked changes as well as a motivation and scientific justification/rationale for these changes (cross-referenced to the amended protocol text).</p>	
<p>3.5 Does the applicant wish to add a sub-study for this trial?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide protocol as well as a motivation and scientific justification/rationale for the sub-study.</p>	

PART 3: AMENDMENT DETAILS	
<p>3.6 Is there any other substantial and/or significant change affected by this amendment?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide a summary and the tracked changes to the protocol as well as a justification/rationale for these changes.</p>	
<p>3.7 Does the proposed amendment require a new consent for from the participant?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, submit the new Patient Information Leaflet/Informed Consent Form and /or ASSENT together with this application and summarise the resultant changes.</p>	
<p>3.8 Do the changes impact on the statistical analysis?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide a summary and justification/rationale thereof.</p>	
<p>3.9 Are there any other changes affected by this amendment?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If “Yes”, provide a summary of the tracked changes as well as a motivation and scientific rationale for these changes.</p>	

SECTION 3: ETHICS

PART 4: ETHICS COMMITTEE APPROVAL	
4.1 Has/ve the Ethics Committee(s) responsible for each centre to which this amendment applies been notified?	
4.2 List the relevant Ethics Committee(s) and date of application.	
4.3 Status of Ethics Committee(s) approval of amendment.	
I, the undersigned, agree to conduct/manage the above-mentioned trial under the conditions as stated in this application	
Applicant: Signature:.....	Date

