**Protocol Amendment Sheet**

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| **Date of Amendment:** |  | **Current Protocol**  **Version / Date:** |  |
| **Protocol Number:**  **SCC Number:** |  | **Principal Investigator** |  |
| **Trial Name or Alias:** |  | | |
| **Protocol Amendment #:** |  | **Amended Protocol**  **Version / Date:** |  |

**Other revisions required**

Case Report Form  Yes  No  Not Applicable

Information sheet  Yes  No  Not Applicable

Consent form  Yes  No  Not Applicable

Statistical Analysis Plan  Yes  No  Not Applicable

Questionnaire  Yes  No  Not Applicable

Other  Yes  No  Not Applicable *If yes specifies*:

**Amendment Rationale:**

Amendment incorporates administrative changes and typo errors along with the substantial changes related to:

1. .

**Proposed Changes:**

| **SECTION (PAGE)**  *Current section (and page) being changed* | **CURRENT**  *Text currently in use in protocol* | **PROPOSED CHANGE**  *Text amended* | **JUSTIFICATION**  *State specific reason for the change or refer to rationale* |
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Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_