



**Australian Government**

**Department of Health**

**Department of Health  
Human Research Ethics Committee**

**PROTOCOL VARIATION REQUEST FORM**

<b>1. Project Title and HREC Reference Number</b>	
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<b>2. Period during which Department of Health HREC approval applies</b>			
Start Date		Finish Date	

<b>3. Researcher's Details</b>			
<b>Title and Name</b>		<b>Name of Department or Institution</b>	
Role in this project			
Contact Phone Number(s)		Email address	

**4. Description of the Proposed Protocol Variation(s):**

Please provide details of the proposed amendment(s). Examples include:

- changes to the research team;
- revisions to the research protocol or methodology;
- changes to surveys, interviews, focus groups or the recruitment of participants;
- requests for additional datasets or changes to data linkage practices;
- modifications to the participant information documents and/or consent forms;
- an extension of time for ethics coverage; and
- any other changes which affect the ethical conduct of the project.

For changes to the research team, please complete Section 2 of the Department of Health Human Research Ethics Committee Application Form and attach this to the protocol variation request. The new researcher(s) must also sign the 'Declaration by Researchers' in the Application Form.

**5. Justification for the Proposed Protocol Variation(s):**

**6. Declaration by the Researcher**

Title and Name			
Signature		Date	

Please email a signed copy of the protocol variation to the Department of Health Human Research Ethics Committee at: [ethics@health.gov.au](mailto:ethics@health.gov.au).