Date

NSLHD Research Office

Level 13, Kolling Building

Royal North Shore Hospital

St Leonards

NSW 2065

**RE: REGIS reference number: (20XX/ETHXXXX)**

**Study title:**

Dear NSLHD HREC,

Please find attached the following amendment documentation for HREC review, approval and/or noting;

(*please note this is a sample template and not all documents listed may be applicable to every application*)

* A brief summary of the amendment
* Method of Payment (MOP) form
* Protocol, Version XX, dated XX/XX/XXXX: clean & tracked versions
* If applicable - Master and Site-specific Patient Information and Consent Forms: clean & tracked versions
* ABC form, version XX, dated XX/XX/XXXX: clean & tracked versions (if applicable)
* Study Flyer, version XX, dated XX/XX/XXXX: clean & tracked versions (if applicable)

|  |  |  |
| --- | --- | --- |
| Document Name | Version | Date  |
| Ethics Approval  | - | 22 October 2018 |
| Protocol | V1 | 1. November 2018
 |

\* Use of a table is not mandatory but a useful way of communicating to the Research Office exactly what documents are being submitted for review.

Yours sincerely,

Cover letter signed by the CPI

Cc Study Investigator

Dept XXX

XXX Hospital

Tel

Email