

**King's Health Partners Clinical Trials Office
Amendment assessment form**

Study Short Title:	
Chief Investigator:	
(Co)Sponsor(s):	
EudraCT Number:	
IRAS Number:	
MATTS Number:	

Amendment ID: *(title or date etc.)*

Justification: *(Describe changes and reason for changes)*

Implementation: *(Give details on how the changes will be managed and implemented)*

Documents that will change as a result of the amendment
(list not exhaustive; other documents may require amendments which should be listed here)

Documents that will submitted	Current version & date	Amended version & date
<input type="checkbox"/> Protocol		
<input type="checkbox"/> IB		
<input type="checkbox"/> IMPD		
<input type="checkbox"/> PIS		
<input type="checkbox"/> ICF		
<input type="checkbox"/> GP letter		
<input type="checkbox"/> IMP labels		
<input type="checkbox"/> Other		

Internal Trial Documents not for submission

<input type="checkbox"/> CRF/eCRF	<input type="checkbox"/> Lab Manual	<input type="checkbox"/> Source Data Location List
<input type="checkbox"/> Contracts	<input type="checkbox"/> Pharmacy Documents	<input type="checkbox"/> Statistical Analysis Plan
<input type="checkbox"/> Data Management Plan	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Other <i>(please specify):</i>
<input type="checkbox"/> Monitoring Plan	<input type="checkbox"/> Source Data Worksheets	

Substantiality Review:

	Substantial	Non-Substantial
MHRA	<input type="checkbox"/>	<input type="checkbox"/>
REC	<input type="checkbox"/>	<input type="checkbox"/>
HRA	<input type="checkbox"/>	<input type="checkbox"/>

Competent Authority Data set *(Completed in IRAS or EudraCT)*

Update required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Updates required but non-substantial and will not be submitted until next substantial amendment.
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If multinational, countries for which CA info will be updated:		<input type="checkbox"/> N/A
Parties to be notified of the amendment: <i>(list not exhaustive; there may be others which need to be listed here)</i>		
<input type="checkbox"/> Pharmacy,	<input type="checkbox"/> Data Managers	<input type="checkbox"/> eCRF/Database Provider
<input type="checkbox"/> Clinical Research Facility	<input type="checkbox"/> External CTU/King's CTU	<input type="checkbox"/> Randomisation Service
<input type="checkbox"/> PIs	<input type="checkbox"/> ESMS/unblinding service	<input type="checkbox"/> Labs
<input type="checkbox"/> R&D	<input type="checkbox"/> Contracts team	<input type="checkbox"/> Other <i>(please specify):</i>
Matts Updated?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(please justify):</i>	

Clinical Research Associate preparing amendment:	Name:
Clinical Quality Manager or Delegate Authorisation:	Name:
	Signature:
	Date:

(Signed copy to be filed in KHP-CTO Sponsor file)