National Research Ethics Committee

Substantial Modification Application Form

Version 3

Please address the following points when submitting your application:

* All sections of this form are mandatory
* Fill it out in language comprehensible to a lay person
* Provide section references and page numbers for proposed changes to documentation in the table below (see section C)
* Quote the NREC study code (if already assigned) in email subject
* All application documents should be numbered and file names should include version number and/or date
* Include clean and track changes versions of any relevant documentation, to highlight any changes
* Include a table in the cover letter detailing the documents included in the substantial modification application, and the action required on them. See appendix 1 for details
* Provide proof of payment submitted as part of application (i.e., payment remittance / bank transfer statement).
* Quote the NREC invoice number in the proof of payment document and / or email body

If you are uncertain whether the proposed change to your study constitutes a substantial modifications, please see guidance on our [website](https://www.nrecoffice.ie/guide-to-substantial-amendments/).

**NOTE: Please submit in word converted to PDF format only, scanned copies will not be accepted.**

A. Study information

|  |  |  |
| --- | --- | --- |
| Please provide details of your study. | | |
| For review by | NREC-CT  NREC-MD | |
| Title of the study | Click or tap here to enter text. | |
| NREC application code | Click or tap here to enter text. | |
| Invoice number (as provided by NREC finance) | Click or tap here to enter text. | |
| Details of National Principal Investigator | Title and Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Details of sponsor/legal representative (Must be in EU) | Title and Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Details of lead contact for submission | Title and Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| EudraCT / CIV-ID (as applicable) | Click or tap here to enter text. | |
| Name of Research Ethics Committee (REC) that originally approved the study | Click or tap here to enter text. | |
| Date of original ethics approval | Click or tap to enter a date. | |
| Original REC reference number  (Please submit a copy of original decision letter and ethics application) | Click or tap here to enter text. | |
| For multi-site studies, please list all Irish sites | Click or tap here to enter text. | |

B. Nature of proposed substantial modification

|  |  |
| --- | --- |
| Please indicate the nature of the substantial modification, and provide details along with a justification in Section C. | |
| 1. Modification to the study protocol\* | Yes No |
| 1. Modification to the investigator’s brochure / SmPC\* | Yes No |
| 1. Change of sponsor(s) or sponsor(s) legal representative | Yes No |
| 1. Appointment/departure of the national Principal Investigator\*\* | Yes No |
| 1. Appointment/departure of a site Investigator\*\* | Yes No |
| 1. Inclusion of a study site\*\*\* | Yes No |
| 1. Change to insurance or indemnity arrangements, other than an extension of an already approved/existing policy\* | Yes No |
| 1. Modification to participant and/or proxy information leaflet\* | Yes No |
| 1. Modification to consent form and/or assent form\* | Yes No |
| 1. Modification to other documents included in the original application\* | Yes No |
| 1. Modification characterised by urgent safety measures already implemented | Yes No |
| 1. Notification of a temporary suspension of the study | Yes No |
| 1. Notification to request restart of the study | Yes No |
| 1. Other modification that affects the safety/physical/mental integrity of participants or to the risk/benefit assessment for the study | Yes No |
| 1. Substantial modification not listed above | Yes No |

\* If YES, please attach a copy of updated documentation, along with original documentation version with track / highlighted changes.

\*\*If YES, please provide a copy of CV.

\*\*\* If YES, please attach Site Suitability Form and a brief CV for each Site Investigator.

C. Details and justification for proposed substantial modification

Please complete Section C as it relates to the proposed substantial modification(s) indicated in Section B.

|  |  |
| --- | --- |
| Details and justification for the proposed substantial modification(s) as indicated in Section B. | Document reference -  section/page |
| Click or tap here to enter text. | Click or tap here to enter text. |

D. Substantial Modification Checklist

|  |  |
| --- | --- |
| Please complete the following questions. | |
| 1. Does the cover letter include a table outlining all the documents included in this substantial modification submission and the action required for them as per Appendix 1? If no, please comment in the text box below | Yes No |
| Click or tap here to enter text. | |
| 1. Has this substantial modification been submitted to the Health Products Regulatory Authority (HPRA) for assessment? If no, please comment in the text box below | Yes No |
| Click or tap here to enter text. | |
| 1. Does the substantial modification alter the risk benefit ratio? If yes, please specify in the text box below | Yes No |
| Click or tap here to enter text. | |
| 1. Will this substantial modification trigger update to further documentation not submitted in this current application? If yes, please specify in the text box below | Yes No |
| Click or tap here to enter text. |  |
| 1. Will existing participants be reconsented to participate in the study due to this substantial modification? If yes, please outline the processes involved in the text box below and submit a copy of updated documentation, along with original documentation version with track / highlighted changes. 2. If no, please provide a justification. | Yes No |
| Click or tap here to enter text. | |

E. Declaration of National Principal Investigator

|  |  |  |
| --- | --- | --- |
| **Declaration of the National Principal Investigator**  National Principal Investigator is the person who takes on primary responsibility for the conduct of the study in the Republic of Ireland.  This declaration must be signed and sent to the National Office together with the requisite fee before the application will be considered as valid. Digital signatures are encouraged. | | |
| I certify that the information in this form is accurate to the best of my knowledge, and I take full responsibility for it. | | Yes No |
| I undertake to abide by the ethical principles outlined in the Declaration of Helsinki, and my obligations as set out in the relevant Good Clinical Practice Guidelines, (International Conference on Harmonisation’s Good Clinical Practice Guidelines (ICH GCP), International Organisation for Standardisation 14155 (ISO 14155)) and the relevant European Regulations, (European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations, 2004 (S.I. No 190 of 2004), (S.I. No 041 of 2022) and (S.I. No 099 of 2022) Clinical Trials Regulation (EU) 536/2014, Medical Devices Regulation (EU) 2017/745), (S.I. No 260 of 2021) and *In Vitro* Diagnostic Medical Devices Regulation ((EU) 2017/746), (S.I. No 257 of 2022). | | Yes No |
| If the modification is approved, I undertake to adhere to the study protocol and to comply with any conditions set out in the letter of approval sent by the National Office on behalf of the NREC. | | Yes No |
| I am aware of my responsibility to be up to date and comply with the requirements of the law relating to security and confidentiality of patient or other personal data. | | Yes No |
| Signature: | Click or tap here to enter text. | |
| Print name: | Click or tap here to enter text. | |
| Date (dd/mm/yyyy): | Click or tap to enter a date. | |

Appendix 1.

**Cover letter:**

Please include the following table template (the content in the table is for example only), noting all documents submitted for the SA, the action required and justification for each modification:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name | Outline of the modifications | Justification for the modifications | Action |
| 1 | Cover letter | n/a | n/a | n/a |
| 2 | NREC substantial modification form | n/a | n/a | n/a |
| 3 | Protocol-version/date-clean [e.g., Protocol name-V1.1-01012021-Clean] |  |  | For NREC review |
| 3.2 | Protocol-version/date- redline [e.g., Protocol name-V1.1-01012021-Redline] |  |  | For NREC review |
| 4 | IB V.1 | n/a | n/a | For reference |
| 5 | Insurance certificate | n/a | n/a | For reference |
| 6 | Sponsor change of address | n/a | n/a | For notification / non-substantial modification |