**MEDICINES CONTROL AGENCY**

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| **Date of Amendment** |  | **Current Protocol version/Date** | | |  | | **Protocol Number** |  |
| **Sponsor** |  | | | **Principal Investigator** | | |  | |
| **Title of Trial or Acronym** |  | | | | | | | |
| **MCA CT Number** |  | | **PACTR No** | | |  | | |
| **Amendment no.** |  | | **Amended Protocol Version/Date** | | |  | | |

**Other revisions required**

Information Sheet  Yes  No  Not applicable

Consent form  Yes  No  Not applicable

Statistical Analysis Plan  Yes  No  Not applicable

Other  Yes  No  Not applicable *If yes specify*:

**Amendment Rationale:**

**Proposed Changes**

| **SECTION (PAGE)**  *Current section and page being changed* | **CURRENT**  *Text currently in use in protocol* | **PROPOSED CHANGE**  *Text amended* | **SUMMARY OF CHANGE**  *Change summarised* | **JUSTIFICATION**  *State specific reason for the change or refer to rationale* |
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*Amendment incorporates administrative changes and typo errors along with the substantial changes*

Name: Role:

Signature: Date: