**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: