**Resource use application form — amendment request**

# **Research Imaging and Clinical Physiology Service**

# **Includes echocardiogram, MRI, VO2max and DEXA**

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| **Amendment approval (office use)** |
| Date: |  |
| **Approval – Head, Clinical Research** |
| Signed: |  |
| Name: | A/Professor Andre La Gerche |
| Comments: |  |

**Section 1: Project details**

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| --- | --- |
| Title: |  |
| Study number:  |  |
| Chief Investigator: |  |
| Email: |  |
| Phone: |  |
| Amendment implementation date:  |  |
| Brief summary of the amendment:  |
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Please provide:

* Copy of this form to governance: governance@baker.edu.au
* Copy of this form and requested date for the amendment to put into effect to Clinical Research Department: saba.seifi@baker.edu.au;