**Resource use application form — amendment request**

# **Research Imaging and Clinical Physiology Service**

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

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

**Section 1: Project details**

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

Please provide:

* Copy of this form to governance: [governance@baker.edu.au](mailto: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](mailto:saba.seifi@baker.edu.au);