



Date of Submission	Project Title	Project Number	
Principal Investigator/Applicant		Organization	
Address		Phone	Email
<b>IF THE PROJECT IS A RESEARCH PROJECT, PLEASE PROVIDE THE FOLLOWING INFORMATION AS WELL</b>			
Current Ethics Approval		Review Body	
Certificate Number	Expiry Date	Current Funding Source	Funding Expiry Date
Data Approved with Original Request (list all approved data files and date range)			
Data Storage			
List Team Members and Data Access			
Amendment Request <input type="checkbox"/> Cohort update/change to cohort <input type="checkbox"/> Other, please describe <input type="checkbox"/> Addition of year(s) of data (extract) <input type="checkbox"/> Addition of data file(s) and/or data field(s) <input type="checkbox"/> Addition of external data linkage(s) <input type="checkbox"/> Data retention extension			
Detailed Description of Amendment			
Rationale			
Expected End Date of Project (Year, month)			