



**SCHIZOPHRENIA  
RESEARCH  
BANK**

## ASRB Variation Application Form

Office use only:

### 1. APPLICANT DETAILS

Chief investigator or project supervisor (include title, name, position, qualifications)

Other investigator(s) (include title, name, position, qualifications)

Administering department and institution

Contact details (include name of contact person, mailing address, telephone, facsimile and e-mail details)

### 2. RESEARCH PROJECT

Title of project

### 3. APPROVAL DETAILS

Human Research Ethics Committee Name and reference number for the project?
Ethics approval date

### 4. PROJECT STATUS

Has the project commenced?	YES / NO
If yes, when did the project commence? (dd/ mm/ yy)	

### 5. DETAILS OF PROPOSED VARIATION

Provide details of the proposed variation to the research protocol.
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### 6. JUSTIFICATION FOR VARIATION

Why is the variation necessary?
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**7. RESEARCH PARTICIPANTS**

Does the variation involve (e.g., recruiting new participants / groups, or changing the way in which participants are to be recruited; sample volume or type)?

YES / NO

If Yes, provide full details:

**8. ETHICAL CONSIDERATIONS**

What ethical considerations, if any, are related to the proposed variation?

**10. PLEASE ATTACH THE FOLLOWING DOCUMENTS**

All applications must attach the following documents:

Amended Research Protocol

Attached

Ethics Approval for abovementioned amendments

Attached

**SIGNATURES:**

I certify that the above information is correct and that the proposed research will not vary from that outlined above without prior approval from the ASRB Access Committee.

Chief Investigator: .....

Date: .....

**COST RECOVERY (OFFICE USE ONLY)**

Shipping Charges (to be paid by researcher directly to courier):

Sample Costs (to be paid by researcher to the Schizophrenia Research Institute):

Additional Processing Fee (to be paid by researcher to the Schizophrenia Research Institute):