**Confirmation of Costs for Amendments**

Please provide details (in 50 words or less) of any additional costs which will be incurred in the following categories as the result of this amendment (if the category does not apply to your current amendment, please indicate with ‘N/A’). Please also state how those costs will be covered and provide an account code to be applied for any additional required funds. All account codes will be verified.

**Extension of Duration of Study?**

**Increase in Number of Participants to be Recruited?**

**Change in the Amount or Type of Clinical Assessment?**

If you believe that no additional costs will be incurred as a result of this amendment, please provide an explanation for this below (in less than 200 words).

If you are unsure whether additional costs will be incurred, please contact your Costings Manager/Officer to discuss before completing this form:

**Gerry Collins,** *(Queen Mary University of London*): g.collins@qmul.ac.uk; 020 7882 7273

**Anam Hoque,** *(Barts Health NHS Trust)*: a.hoque1@qmul.ac.uk 020 7882 7265

If subsequent costs are incurred that have not been taken into consideration at this stage, please be aware that the matter may be taken up with your Head of Institute and costs may be debited against your department. By signing this form, you agree to these terms in order for your amendment to be processed.

**THANK YOU FOR YOUR TIME AND HELP WITH THIS FORM**

**(which may be used for JRMO auditing purposes).**

|  |  |
| --- | --- |
| **STUDY TITLE:** |  |
| **IRAS Number:** |  |
| **CI NAME:** |  |
| **CI SIGNATURE:** |  |
| **CAG/DEPARTMENT:** |  |
| **DATE:** |  |