

# 國立台灣大學醫學院附設醫院A/B/C/D研究倫理委員會

Research Ethics Committee A/B/C/D

National Taiwan University Hospital

7, Chung-Shan South Road, Taipei, Taiwan 100,R.O.C

Phone: 2312-3456 Fax: 23951950

## 臨床試驗/研究計畫變更許可書

許可日期：○○○○年○月○日

倫委會案號：

計畫名稱：

試驗機構：

部門/計畫主持人：

上述計畫變更案業經○○○○年○月○日本院 A/B/C/D 研究倫理委員會第○次會議審查同意，符合研究倫理規範。本委員會的運作符合優良臨床試驗準則及政府相關法律規章。

本案需經衛生福利部核准同意後，該計畫始得進行試驗。(若無須報署者，則刪除此欄)

**主任委員**

## Permission of protocol amendment of Clinical Trial/Research

Date of approval: mmm-dd, yyyy

NTUH-REC No. :

Title of protocol :

Trial/Research Institution :

Department/ Principal Investigator : Department of ○○○○ Dr. ○○○○

The protocol has been approved by the ○<sup>th</sup> meeting of Research Ethics Committee A/B/C/D of the National Taiwan University Hospital on mmm dd, yyyy. The committee is organized under, and operates in accordance with, the Good Clinical Practice guidelines and governmental laws and regulations.

Approval by the [Ministry of Health and Welfare](#) is mandatory before project implementation.

(若無須報署者，則刪除此欄)

**Daniel Fu-Chang Tsai, M.D.**

**Chairman**

**Research Ethics Committee A/B/C/D**

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## **Permission of protocol amendment of Clinical Trial/Research**

Date of approval: mmm-dd, yyyy

變更文件版本日期 Version date of amendment documents :

- (1) 計畫書 *Protocol*:
- (2) 中文摘要 *Chinese Synopsis*:
- (3) 同意書 *ICF*:
- (4) 個案報告表 *CRF*:
- (5) 主持人手冊 *IB*:
- (6) 問卷 *Questionnaire*:
- (7) 招募文宣 *Advertisement of subject Recruitment*:
- (8) 其他文件 *Other documents*:

<圓戳章>