Date: <dd/mm/yyyy>

**<NAME OF PRIMARY REVIEWER>**

<Institution/Affiliation>

<Address>

**Re: <MMMC-RERC Code><Study Protocol Title>**

Dear **<TITLE ><SURNAME>**:

This is to inform you that you are the assigned PRIMARY REVIEWER for the <study protocol/resubmitted study protocol/ withdrawal of study protocol application**>** entitled <**Name of the study**> submitted by **<Name of PI>**. For post-approval submissions, the electronic copy of the originally approved documents is sent together with this <type of post-approval> form to facilitate the review of the <type of post-approval> submission. This will be for <**type of review**> to be discussed during the RERC meeting on <**date of full board meeting**>.

The results of your review need to be indicated in the following attached review forms:

MMMC RERC F-2-C: Study Protocol Assessment Form

MMMC RERC F-2-D: Informed Consent Assessment Form

MMMC RERC F-2-I: Review of Resubmitted Protocol Form

To facilitate protocol processing, kindly bring the completed and signed review forms on the date of the full board review**.** Additionally, the e-copy of this form/s has been sent to you via email, should you prefer to send the form/s electronically.

Thank you.

Very truly yours,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**<Given Name, Surname, Signature>**

**Chair, Research Ethics Review Committee**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**