**Review of Resubmitted Study Protocol Form**

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| --- | --- | --- | --- |
| MMMC-RERC Code: | | Date of Initial Submission: <dd/mm/yyyy> | |
| Study Protocol Title: | | | |
| Total Participants : | | 2nd Review  3rd Review | |
| Principal Investigator:  <Title, Given Name, Surname> | | Telephone no: | |
| Initial Review Date: <dd/mm/yyyy> | | Last Review Date: <dd/mm/yyyy> | |
| Board recommendations and comments from last review: | Principal Investigators’ response: | | Primary Reviewers’ Comments: |
| **Study Protocol** | **Study Protocol** | | **Study Protocol** |
| 1. | 1. | | 1. |
| 2. | 2. | | 2. |
| 3. | 3. | | 3. |
| 4. | 4. | | 4. |
| 5. | 5. | | 5. |
| **ICF** | **ICF** | | **ICF** |
| 1. | 1. | | 1. |
| 2. | 2. | | 2. |
| 3. | 3. | | 3. |
| 4. | 4. | | 4. |
| 5. | 5. | | 5. |
| PRINCIPAL INVESTIGATOR SIGNATURE: | | | |

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| **RECOMMENDATION OF PRIMARY REVIEWER:**  APPROVED  MINOR MODIFICATION  MAJOR MODIFICATION  DISAPPROVED | | | **JUSTIFICATION FOR RECOMMENDED ACTION**: |
| **PRIMARY REVIEWER** |  | Signature |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Given Name, Surname> |