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IRB PROTOCOL RESUBMISSION FORM (Form 3.5)

IRB Protocol No. Date (D/M/Y):

Protocol Title: Sponsor:
Type of Revision: Full Review
 Expedited

Principal Investigator: Sub- Investigator:

Date of Submission: 2nd Review 3rd Review

Documents to be revised: Protocol Data Collection Forms Others: _____
 ICF Advertisement

IRB Recommendations from last review	Response of Researcher	Section and page number of revisions

INVESTIGATOR'S ATTESTATION

I certify that the information provided in this report is complete and accurate.

Signature Over Printed Name of Principal Investigator

Date

(IRB Use only) Received by:

Signature Over Printed Name

Date

SECTION 2: TO BE FILLED UP BY RESPECTIVE IRB MEMBER

Were all the recommendations from last review addressed?

- YES
- NO (explain/ comments)

RECOMMENDATION

DECISION: Approval Major Revisions Minor Revision Disapproval

COMMENTS/ JUSTIFICATION FOR THE RECOMMENDATION:

Reviewer's Name:

Date:

Signature: