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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: