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| |  | | --- | | **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias, O.P. Bldg. Building  A.H. Lacson St. Sampaloc Manila 1015 Philippines  Telephone: +63 2 8731-3001 local 2610  Email: *usth\_irb@yahoo.com.ph*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila logo copy |   **PROTOCOL SUBMISSION TRACKING FORM** | | | | | | | | | | | | | | | | | |
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| **Category of Study/**  **Investigator** | | Company  Sponsored | | Investigator Initiated/Self-Funded | | Consultants  Faculty | | | USTH  Trainees | | USTH  Employees | | | | UST  Students | | Non-UST |
| Protocol No./Title: | | | | | | | | | | | | | | | | | |
| Principal Investigator: | | | | | | | | | | | | | | | | | |
| Department: | | | | | | | | Section: | | | | | | | | | |
| Sponsor: | | | | | | | | | | | | | | | | | |
| CRO: | | | | | | | | | | | | | | | | | |
| **Primary**  **Reviewers:** | | | **1.** | | | **2.** | | | | **3.** | | | | | | **4.** | |
| **Type of Initial Review:** | | | Expedited Review | | | | Full Board Review | | | | | | | Exempted for Review | | | |
| **Protocol Version**  **Dates** | | | Protocol Version 1 Date: | | | Protocol Version 2  Date: | | | | Protocol Version 3  Date: | | | | | | Protocol Version 4  Date: | |
| **Review Dates** | | | 1st Review: | | | 2nd Review: | | | | 3rd Review: | | | | | | 4th Review: | |
| **Study Duration:** | | | | | **Initial Approval Date:** | | | | | | | **Validity Date of Initial Approval:** | | | | | |
| **Amendment Submission Dates** | | | Amendment 1 Version Date: | | | Amendment 2 Version Date: | | | | Amendment 3 Version Date: | | | | | | Amendment 4 Version Date: | |
| **Amendment Approval Dates** | | | Amendment 1 Approval Date: | | | Amendment 2 Approval Date: | | | | Amendment 3 Approval Date: | | | | | | Amendment 4 Approval Date: | |
| **Continuing Review Application Submission Dates** | | | Continuing Review 1 Submission Date: | | | Continuing Review 2 Submission Date: | | | | Continuing Review 3 Submission Date: | | | | | | Continuing Review 4 Submission Date: | |
| **Continuing Review Application Approval Dates** | | | Continuing Review 1 Approval Date: | | | Continuing Review 2 Approval Date: | | | | Continuing Review 3 Approval Date: | | | | | | Continuing Review 4 Approval Date: | |
| **Final Report Submission Date:** | | | | | **Final Report Approval Date:** | | | | | | | **Final Report Archiving Date:** | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **DATE** | **DOCUMENT PARTICULARS** | | | | | | | | | **ISSUED BY** | | | **RECEIVED BY** | | | **REMARKS** | |
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