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| |  | | --- | | logo copy **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*](mailto:usth_irb@yahoo.com.ph) *Website: usthrec.online*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila |   **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:** | | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Name of Investigator:** | | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | | | Click to enter text. | | | | | | **Section:** | | | | | Click to enter text. | | | | | | | | | |
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| **Primary**  **Reviewers:** | | | **1.** | Click to enter text. | | | | | 2. | Click to enter text. | | | | | | | | | **3.** | | | Click to enter text. | | | |
| **Type of Initial Review:** | | | Expedited Review | | | | | | Full Board Review | | | | | | | | | | | Exempted from Review | | | | | |
| **Protocol Version**  **Dates** | | | Protocol Version 1 Date:Click to enter text. | | | | Protocol Version 2  Date:Click to enter text. | | | | | | | Protocol Version 3  Date:Click to enter text. | | | | | | | | | | Protocol Version 4  Date:Click to enter text. | |
| **Review Dates** | | | 1st Review:  Click to enter text. | | | | 2nd Review:  Click to enter text. | | | | | | | 3rd Review:  Click to enter text. | | | | | | | | | | 4th Review:  Click to enter text. | |
| **Study Duration:**  Click to enter text. | | | | | | **Initial Approval Date:**  **Click to enter text.** | | | | | | | | | | | **Validity Date of Initial Approval:**  **Click to enter text.** | | | | | | | | |
| **Amendment Submission Dates** | | | Amendment 1 Version Date:  **Click to enter text.** | | | | Amendment 2 Version Date:  **Click to enter text.** | | | | | | | Amendment 3  Version Date:  **Click to enter text.** | | | | | | | | | | Amendment 4 Version Date:  **Click to enter text.** | |
| **Amendment Approval Dates** | | | Amendment 1 Approval Date:  **Click to enter text.** | | | | Amendment 2 Approval Date:  **Click to enter text.** | | | | | | | Amendment 3 Approval Date:  **Click to enter text.** | | | | | | | | | | Amendment 4 Approval Date:  **Click to enter text.** | |
| **Continuing Review Application Submission Dates** | | | Continuing Review 1 Submission Date:  **Click to enter text.** | | | | Continuing Review 2 Submission Date:  **Click to enter text.** | | | | | | | Continuing Review 3 Submission Date:  **Click to enter text.** | | | | | | | | | | Continuing Review 4 Submission Date:  **Click to enter text.** | |
| **Continuing Review Application Approval Dates** | | | Continuing Review 1 Approval Date:  **Click to enter text.** | | | | Continuing Review 2 Approval Date:  **Click to enter text.** | | | | | | | Continuing Review 3 Approval Date:  **Click to enter text.** | | | | | | | | | | Continuing Review 4 Approval Date:  **Click to enter text.** | |
| **Final Report Submission Date:**  **Click to enter text.** | | | | | | **Final Report Approval Date:**  **Click to enter text.** | | | | | | | | | | | **Final Report Archiving Date:**  **Click to enter text.** | | | | | | | | |
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| **DATE** | | **DOCUMENT PARTICULARS** | | | | | | | | | | **ISSUED BY** | | | **RECEIVED BY** | | | | | | **REMARKS** | | | | |
|  | | **INITIAL SUBMISSION: Protocol v1** | | | | | | | | | |  | | |  | | | | | |  | | | | |
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