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| |  | | --- | | logo copy*p* **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. 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 |   **RESUBMISSION FORM** | |
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| **Instructions to the Researcher:**  Please complete this form accurately and add additional rows if necessary. Submit it along with a cover letter addressed to the REC Head. Attach the Revised Protocol, ICFs, and any other relevant documents requiring revisions. Submit this F11 form as a Word document and other documents as PDF files via **usthrec. online** | **Receiving Stamp/**  **Date of Submission:**  **CLICK TO ENTER TEXT.** |
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| **REC Protocol Reference No.:** | | | | **CLICK TO ENTER TEXT.** | | | |
| **Protocol No./Title:** | | Click to enter text. | | | | | |
| **Name of Investigator:** | | Click to enter text. | | | | | |
| **Contact No.:** | Click to enter text. | | | | **Email**  **address:** | Click to enter text. | |
| **Department:** | Click to enter text. | | | | **Institution:** | Click to enter text. | |
| **Sponsor/CRO:** | | Click to enter text. | | | | | |
| **Documents Submitted:** | Click to enter text. | | | | | | |
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| **To be filled-out by the Principal Investigator** | | | | | | **To be filled-out by the REC** | |
| **REC RECOMMENDATIONS FROM LAST REVIEW**  (paste below & add rows as needed) | | | **REVISIONS MADE BY THE PRINCIPAL INVESTIGATOR**  Were the recommendations met? (Yes/No) Explain and highlight changes in the protocol submitted. Indicate page number where changes are made, if applicable | | | **REVIEWER COMMENTS** | |
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| **PRINCIPAL INVESTIGATOR:** | | Name & Signature:  **CLICK TO ENTER TEXT.** | | | | | Date: |
| **To be filled-out by the REC Primary Reviewer** | | | | | | | |
| **Additional comments:** | | | | | | | |
| **RECOMMENDATION:** | |  | **APPROVAL** | | | | |
|  | **MINOR MODIFICATION** | | | | |
|  | **MAJOR MODIFICATION** | | | | |
|  | **DISAPPROVED** | | | | |
| **REC REVIEWER:** | | Name & Signature:  **CLICK TO ENTER TEXT.** | | | | | Review Date: |