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| logo copy*p***UNIVERSITY OF SANTO TOMAS HOSPITAL**RESEARCH ETHICS COMMITTEE6th Floor St. John Macias O.P. BuildingA.H. Lacson St., Sampaloc, Manila 1015 PhilippinesTelephone: +63 2 8731-3001 local 2610Email: *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:   |