Review of Resubmitted Study Protocol Form

| UPLB REB Code:  | Date of Initial Submission: <dd/mm/yyyy> |
| --- | --- |
| Study Protocol Title:  |
| Total Participants :  |  2nd Review  3rd Review |
| Principal Investigator: <Title, Name, Surname> | Tel.: |
| Initial Review Date: <dd/mm/yyyy> | Last Review Date: <dd/mm/yyyy> |
| Recommendations from last review:1.2.3.4.5. | Were the recommendations met (Yes/No)? Explain1.2.3.4.5. |
| RECOMMENDATION OF PRIMARY REVIEWER:* APPROVE
* MINOR MODIFICATION
* MAJOR MODIFICATION
* DISAPPROVE
* PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE
 | JUSTIFICATION FOR RECOMMENDED ACTION: |
| PRIMARY REVIEWER |  | Signature  |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |