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)? Explain  1.  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> | |