**PROTOCOL RESUBMISSION FORM**

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| **SECTION 1** (*To be filled up by PI*) | **Submission Date** |  |

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| **MCU-FDTMF PROTOCOL CODE** |  | **Sponsor Protocol Number** |  |

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| --- | --- |
| **Protocol Title** |  |

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| --- | --- | --- | --- | --- |
| **NAME** | | **Email** | **Mobile / Phone / Fax Number** | **Institution / Department** |
| **Principal Investigator(s)** |  |  |  |  |
| **Sponsor** |  | | | |

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| **Date of Initial Submission** |  | □ 2nd Review | □ 3rd Review |

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| **Initial Review Date** |  | **Last Review Date** |  |

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| **Documents to be revised** | □ Protocol  □ ICF | □ Advertisement  □ Composition on Research Team | Others: \_\_\_\_\_\_\_\_\_\_\_\_ |
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| **MCU-FDTMF IRB Recommendations form last review** | **Revisions made by the PI** |
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| **Principal Investigator’s Signature** |  | **Date** |  |

**SECTION 2** *(To be filled up by the MCU-FDTMF IRB)*

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| **Received by**  **(***Signature over Printed Name***)** |  | **Date Received** |  |

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| **Assessment by Primary Reviewer** | *Comments:* | |
| **Recommendations** | □ Approve  □ Request Further Information / modifications  □ Others | Type of Review  □ Expedited review  □ Full board review |

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| **Primary Reviewer/s** | **Signature** | **Date** |
|  |  |  |

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| **MCU-FDTMF IRB Decision / Action Taken** | □ Approve  □ Minor Modification | □ Major Modification  □ Disapprove |
| **Date of Meeting** |  |  |

|  |  |  |
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| **MCU-FDTMF IRB Chair** | **Signature** | **Date** |
|  |  |  |