(*To be filled by Researcher*)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ERB Protocol Number: |  |
|  |  |  |  |
| Sponsor Protocol Number: |  | Submission Date: |  |

|  |  |
| --- | --- |
| Protocol Title: |  |

|  |  |  |
| --- | --- | --- |
| Document to be revised |[ ]  Revised Protocol |[ ]  Amendments |
|  |[ ]  Informed Consent Form |[ ]  Others: |

|  |  |
| --- | --- |
| Study Duration |  |

|  |  |
| --- | --- |
| Sponsor: |  |

|  |  |
| --- | --- |
| Researcher: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone number: |  | CP #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| E-mail: |  | Preferred means of contact |[ ]  Phone |[ ]  Fax |[ ]  Email |

|  |  |
| --- | --- |
| Institution |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendations/Comments | Action Taken | Page | Paragraph |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| . |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

RESEARCHER’S NAME & SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIVED BY ERB SECRETARIAT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_