(*To be filled by Researcher*)

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|  |  | ERB Protocol Number: |  |
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| Document to be revised |  | Revised Protocol |  | Amendments |
|  | Informed Consent Form |  | Others: |

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| Study Duration |  |

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| Sponsor: |  |

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| Researcher: |  |

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| Telephone number: |  | CP #: |  |

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

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| Recommendations/  Comments | Action Taken | Page | Paragraph |
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RESEARCHER’S NAME & SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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