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| --- | --- | --- | --- | --- |
| Date of submission |  | REC Protocol Number |  | Sponsor Protocol Number |
|  |  |  |  |  |
|  |  |  |  |  |
| Principal Investigator |  | Email / Mobile Number |  | Sponsor |
|  |  |  |  |  |

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| --- | --- |
| Title of Study |  |

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| Study Site |  | Date of Initial Approval |  |

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| Items to be Amended | List of Amendments\* | Reasons | Reviewer’s Comments(REC use only) |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **\*Indicate pages in the document where the amendment is found. Underline or highlight the amendments done in the documents** |
| Name & Signature of Principal Investigator |  | Date: |  |

**Received by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| REC Staff |  | Signature |  | Date |  |

**Type of review:**

 [ ]  Expedited review

 [ ]  Full board review

**FOR NCMH-REC USE**

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| Assessment by Primary Reviewers | **Type of amendments:****Minor** [ ]  **Major** [ ] **Does the amendment increase the risks to participants?** **Yes** [ ]  **No** [ ] **Does the amendment increase the benefits to participants?****Yes** [ ]  **No** [ ] **Is there favourable benefit/ risk ratio?** **Yes** [ ]  **No** [ ]  | **Comments** | **Recommendation** |

**Primary reviewer:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Reviewer: |  | Signature |  | Date |  |

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| **REC Final Decision** |  [ ]  Approve [ ]  Request further information / modification [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Maurice L. Sañosa, MD, FPCGM** |  |  |
| NCMH-REC Chairperson | Signature: | Date |