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| REC Protocol No. |  | Sponsor Protocol No. |  | Date of Submission |
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| Study Title |  |

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| Investigator |  | Contact No.: |  |

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| Sponsor |  | Contact No.: |  |

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| Reported by |  | Contact No.: |  |

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| Description:  |  |

For NCMH-REC

Primary Reviewer Assessment

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| PI Deviation from the Protocol\_\_\_\_\_\_ Major\_\_\_\_\_\_ Minor | Participant Non-Compliance | Study Staff |
|  |  |  | Recommendation :Noted (no further action needed)Corrective action required Site visit needed |

Date of Full Board meeting

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| REC Decision: |  |

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| Required corrective action |  |

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| --- | --- | --- |
| Recorded by REC Secretariat |  | Received by Principal Investigator |
| Name/ Signature |  | Name/ Signature |
|  |  |  |
| Date: |  | Date: |
|  |  |  |