



**CHINESE GENERAL HOSPITAL AND MEDICAL CENTER
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
RESEARCH ETHICS REVIEW BOARD (RERB)**



REVIEW EXEMPTION APPLICATION FORM (FORM 16)

Date Submitted:		
CGHMC RERB Protocol No:		Sponsor Protocol No
Title:		
Principal Investigator		Sponsor
<p>Brief Description of the Project (Please give a brief summary of the nature of the proposal. Including objectives, rationale, participants' description, and procedures/ methods to be used in the project. Please also fill up Research Protocol Application Form (Form 6)</p>		
<p>State reasons why exemption from review is requested?</p> <p><input type="checkbox"/> audits of educational practices</p> <p><input type="checkbox"/> research on microbes cultured in the laboratory</p> <p><input type="checkbox"/> research on immortalized cell lines</p> <p><input type="checkbox"/> research on cadavers or death certificates provided such research reveals no identifying personal data</p> <p><input type="checkbox"/> Analysis of data freely available in public domain</p> <p><input type="checkbox"/> Any other</p>		
NAME OF PRINCIPAL INVESTIGATOR		SIGN / DATE