



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



WITHDRAWAL OF PROTOCOL SUBMISSION APPLICATION (FORM 13)

| | | |
|---|---------------------|--|
| Date Submitted: | | |
| CGHMC RERB Protocol No: | | Sponsor protocol No. |
| Title: | | |
| Principal Investigator | | Sponsor |
| Reason For Withdrawal of Protocol Submission | | |
| RECOMMENDED ACTION: | | Type of Review |
| <input type="checkbox"/> No Further Action <input type="checkbox"/> Request Information: (Specify) <input type="checkbox"/> Recommend Further Action: (Specify) | | <input type="checkbox"/> Full Board <input type="checkbox"/> Expedited Meeting Date: |
| PRIMARY REVIEWER: | _____ | _____ |
| | Signature over name | Date |
| RERB CHAIR: | _____ | _____ |
| | Signature over name | Date |