



NOTIFICATION OF RERB DECISION

Date _____

To: (Name of PI) _____
Affiliation _____

This is to inform you of the RERB decision related to your application for review of the following documents:

CGHMC RERB Protocol No.		Sponsor Protocol No.	
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Type of Submission ☐ Initial review of Documents submitted
☐ Resubmission
☐ Amendment
☐ Others

Principal Investigator/s		Sponsor	
Study Site (Name and Address)			
Title			
Protocol Version No.		Version Date	
ICF Version No.		Version Date	
Other Documents			

Type of review ☐ Expedited ☐ Full Board Meeting
RERB Decision ☐ Approved ☐ Minor revisions required
☐ Major revisions required ☐ More information needed
☐ Others

RERB Chair Person	Name	Signature	Date

These are the queries/ suggestions related to your study:

Kindly resubmit revised protocol for review.

The Chinese General Hospital and Medical Center Research Ethics Review Board (CGHMC RERB) functions in full compliance with national/local and international human research ethical guidelines including the principles of ICH Harmonized Tripartite Guidelines for Good Clinical Practice.

Received by:
Name and Signature: _____ Date Received: _____