CONTINUING REVIEW APPLICATION FORM (FORM 3.3B)

CGHMC RERB Protocol No.	Sponsor Protocol No.
Protocol Title	
Investigator	Contact details
Study Site	Approval Date: (dd/mm/yyyy)

ACTION REQUESTED:

☐ Renew – New participant accrual to continue

☐ Renew – Enrolled participant follow up only

☐ Terminate – Protocol discontinued

Any amendment since last review? ☐ Yes ☐ No

(Discuss briefly)

Any change in participant population recruitment or selection criteria since the last review? (Explain the changes if any) ☐ Yes ☐ No

Any change in the Informed Consent process or documentation since the last review? (Please explain, if yes.) ☐ Yes ☐ No

Department of Medical Education and Research
RESEARCH ETHICS REVIEW BOARD (RERB)
Contact#: 8711-4141 local 418 and 481
Email Address: rerb@cghmc.com.ph

Is there any new information in recent literature or similar research that may change the risk/ benefit ratio for participants in this study? (Discuss and attach a narrative.) ☐ Yes ☐ No
Any unexpected complication or side effect noted since the last review? (Discuss and attach a narrative.) ☐ Yes ☐ No
Did any participant withdraw from this study since the last approval? (Reasons for withdrawal) ☐ Yes ☐ No
Any new investigator that has been added to or removed from the research team since the last review? (Please identify them and submit the CVs of new investigators.) ☐ Yes ☐ No
Are there any new collaborating sites that have been added or deleted since the last review? Please identify the sites and note the addition or deletion.
Summary of protocol participants: ☐ Reached the target number of participants approved by CGHMC RERB ☐ New participants recruited/enrolled since last review ☐ Total participants screened since protocol began ☐ Total participants enrolled and ongoing since the last review ☐ Total number of SAEs since the last review ☐ Total number of participants withdrawn or terminated
ACCRUAL EXCLUSIONS ☐ None

☐ Male ☐ Female ☐ Others (Specify) _____
Impaired participants ☐ None ☐ Physically ☐ Cognitively ☐ Both

Name and Signature of PI	Date

To be filled up by RERB

Date Received:	Received by: (Printed Name/Signature)	
Primary Reviewers/Signature:		Date:
Recommendations ☐ Approved ☐ Request amendment to the protocol or the consent form ☐ Request further information ☐ Suspend or terminate the study ☐ Others: _____		Type of review: ☐ Expedited review ☐ Full board review Date of meeting: _____
RERB Final Decision:		
Certified by: Name of CGHMC RERB Chair	Signature	Date

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