

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



RESUBMITTED STUDY PROTOCOL (Form 12)

RERB Protocol No.	Date of Submission
Protocol Title:	
	1
Principal Investigator:	Contact No.
Date of Initial Submission:	
2 nd Review date:	3 rd Review date:
Initial Review Date:	Last Review Date:
Recommendations from last review:	Were the recommendations met (Yes/No)? Explain and highlight changes in the protocol submitted (Indicate page number where changes are made, if applicable)
1.	
2.	
3.	
4.	
5.	

Recommendation	Primary Reviewers:	
Approved		
Minor revision		
🗌 Major revision		
Disapproved	Signature	Date

Principal Investigator: Date: