



APPLICATION FORM FOR PROTOCOL REVIEW (CASE REPORT)

CGHMC RERB Protocol Number		Sponsor Protocol No.	
Submission Date			
Protocol Title: Case Report			
Rationale/Objective			
Brief Background of the Case			
Principal Investigators			
Co-Investigator			
Contact Details	Mobile Number: Email Address:		
Sponsors:			
PI Conflict of Interest/ Declaration (Relationship with Sponsor)	Are you a regular employee of the sponsor?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Did you do consultancy or part time work for the sponsor?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In the past year, did you receive P250, 000 or more from the sponsor?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other ties with the sponsor: _____			
By signing the application form, I undertake to address my competing interests, uphold scientific integrity, respect and protect human subjects during the conduct of my research in this institution.			
Principal Investigators Signature			

TO BE FILLED BY THE REVIEWER

RERB FINAL ACTION:	TYPE OF REVIEW:
<input type="checkbox"/> Approved <input type="checkbox"/> Major Revision <input type="checkbox"/> Minor Revision <input type="checkbox"/> Disapproved <input type="checkbox"/> Others: _____	<input type="checkbox"/> EXPEDITE <input type="checkbox"/> FULL BOARD

Name of RERB Reviewer	Signature	Date (dd/mm/yyyy)