



### CERTIFICATE OF EXEMPTION FORM REVIEW

Date:

This is to certify that the following protocol and related documents have been reviewed and is hereby granted EXEMPTION FROM REVIEW by the Chinese General Hospital and Medical Center CGHMC RERB for implementation.

CGHMC RERB Protocol No:		Sponsor Protocol No.
<b>Title:</b>		
<b>Principal Investigator</b>		
<b>Study Site</b>		
<b>Protocol Version No</b>		<b>Version Date</b>
<b>Other Documents</b>		
<b>RERB Chair</b>	<b>Signature</b>	<b>Date</b>

**NOTE:**

- Final/Closure Reports should be submitted at the end of the study.
- **Any amendment to the protocol that may affect safety of participants should be submitted to RERB for re-evaluation of exemption**

Received by:

Signature over printed name/ Date