



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	
Title			
Protocol Version No.		Version Date	
ICF Version No.		Version Date	
Other Documents			

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

Actions required from PI:

- 1.
- 2.

RERB Chair Person	Name	Signature	Date