



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 ☐ Full Board Meeting
RERB Decision ☐ Approved ☐ Minor revisions required
☐ Major revisions required ☐ More information needed
☐ Others

Actions required from PI:

- 1.
- 2.

RERB Chair Person	Name	Signature	Date