



### PROTOCOL AMENDMENT REVIEW

CGHMC RERB Protocol No.	Sponsor Protocol No	Date of Submission
PROTOCOL TITLE		
Principal Investigator		
Contact Number		
Study Site		
Name and Signature of PI	Date Submitted: (dd/mm/yyyy)	

<b>List of Amendments</b>	<b>Reason for amendment</b>	<b>Reviewer's Comments</b> (To be filled up by primary reviewer)
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*To be filled up by RERB*

#### Type of Review

- Full Board
- Expedite

Date of Meeting: \_\_\_\_\_

<b>RERB Decision</b> <input type="checkbox"/> Uphold approval <input type="checkbox"/> Need further Information <input type="checkbox"/> Require specific action <input type="checkbox"/> Disapproved	Name/Signature of Chair	Date
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