



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)	

List of Amendments	Reason for amendment	Reviewer's Comments (To be filled up by primary reviewer)

To be filled up by RERB

Type of Review <input type="checkbox"/> Full Board <input type="checkbox"/> Expedite Date of Meeting: _____		
RERB Decision <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