



### RESUBMITTED STUDY PROTOCOL

RERB Protocol No.	Date of Submission
Protocol Title:	
Principal Investigator:	Contact No.
Study Site: (Name & Address)	
Date of Initial Submission: _____	
Initial Review Date:	Last Review Date:
Name and Signature of PI:	Date Submitted: (dd/mm/yyyy)

Recommendations from last review:	Revisions made by the PI	Reviewer's comments (To be filled up by primary reviewer)

To be filled by RERB

Recommendation <input type="checkbox"/> Approved <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Disapproved	Primary Reviewers: <hr/> Signature <span style="float: right;">Date</span>
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Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_