



REVIEW EXEMPTION APPLICATION FORM

Date Submitted:		
CGHMC RERB Protocol No:		Sponsor Protocol No
Title:		
Principal Investigator		Sponsor
Brief Description of the Project (Please give a brief summary of the nature of the proposal. Including objectives, rationale, participants' description, and procedures/ methods to be used in the project. Please also fill up Research Protocol Application Form (Form 6)		
State reasons why exemption from review is requested?		
<input type="checkbox"/> audits of educational practices <input type="checkbox"/> research on microbes cultured in the laboratory <input type="checkbox"/> research on immortalized cell lines <input type="checkbox"/> research on cadavers or death certificates provided such research reveals no identifying personal data <input type="checkbox"/> Analysis of data freely available in public domain <input type="checkbox"/> Any other		
NAME OF PRINCIPAL INVESTIGATOR		SIGN / DATE