



### WITHDRAWAL OF PROTOCOL SUBMISSION APPLICATION

Date Submitted:		
CGHMC RERB Protocol No:		Sponsor protocol No.
Title:		
Principal Investigator		Sponsor
Study Site: (Name & Address)		
Reason For Withdrawal of Protocol Submission		
Name and Signature of PI:	Date Submitted: (dd/mm/yyyy)	

To be filled by RERB

RECOMMENDED ACTION:		Type of Review
<input type="checkbox"/> No Further Action		<input type="checkbox"/> Full Board
<input type="checkbox"/> Request Information: (Specify)		<input type="checkbox"/> Expedited
<input type="checkbox"/> Recommend Further Action: (Specify)		Meeting Date:
PRIMARY REVIEWER: _____		
	Signature over name	Date
RERB CHAIR: _____		
	Signature over name	Date