**Review of Resubmitted Study Protocol Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UPMREB Code: | | | Date of Initial Submission: <dd/mm/yyyy> | | | | | |
| Study Protocol Title: | | | | | | | | |
| Resubmitted protocol Submission Date: | | | <dd/mm/yyyy> | | | | | |
| Total Participants : | | | ⬜ 2nd Review ⬜ 3rd Review | | | | | |
| Principal Investigator: <Title, Name, Surname> | | | | | | | Tel.: | |
| Initial Review Date: <dd/mm/yyyy> | | | Last Review Date: <dd/mm/yyyy> | | | | | |
| **To be filled out by the PI** | | | | | | | | **To be filled out by the Primary Reviewer** |
| Recommendations from last review: | | | Indicate if the study protocol contains the specified assessment point | | | Page and paragraph where it is found | Were the recommendations met (Yes/No)?  Explain | |
| **YES** | | **N/A** |  |
| 1. Address protocol-related issues:  1.1.  1.2.  2. Address ethical-related issues:  2.1.  2.2.  3. Address informed consent-related issues:  3.1.  3.2.  4. Changes that were not part of  the initial review:  4.1.  4.2. | | |  | |  |  | 1.  1.1.  1.2.  2.  2.1.  2.2.  3.  3.1.  3.2. | |
| PI Signature: | | | | | | | | |
| **RECOMMENDATION OF PRIMARY REVIEWER:**   * APPROVE * MINOR MODIFICATION * MAJOR MODIFICATION * DISAPPROVE * PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE | | | **JUSTIFICATION FOR RECOMMENDED ACTION**: | | | | | |
| SUMMARY OF RECOMMENDATIONS:  1.  2.  3.  4.  5. | | | | | | | | |
| **PRIMARY REVIEWER/**  **PANEL CHAIR** | | Signature | |  | | | | | |
| Date: <dd/mm/yyyy> |  | Name | | <Title, Name, Surname> | | | | | |