**Review of Resubmitted Study Protocol Form**

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| --- | --- |
| 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 ofthe 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> |