**Notice of Review**

Date: <dd/mm/yyyy>

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| --- |
| **NAME OF PRIMARY REVIEWER:** |
| **INSTITUTION/AFFILIATION:** |
| **ADDRESS:** |

We would like to request you to review, as the PRIMARY REVIEWER, the study protocol with information as follows:

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| --- |
| **TYPE OF SUBMISSION:** |
| **UPMREB CODE:** |
| **DATE OF SUBMISSION:** |
| **STUDY PROTOCOL TITLE:** |
| **PRINCIPAL INVESTIGATOR:** |
| **TYPE OF REVIEW:** |
| **DUE DATE OF REVIEW:** |
| **ACCOMPLISH THE FOLLOWING REVIEW FORMS:**   * UPMREB FORM 2(C)2012 Study Protocol Assessment Form * UPMREB FORM 2(D)2012 Informed Consent Assessment Form * UPMREB FORM 2(H)2012 Review of Resubmitted Protocol Form * UPMREB FORM 3(A)2012 Study Protocol Amendment Submission Form * UPMREB FORM 3(B)2012 Continuing Review Application Form * UPMREB FORM 3(C)2012 Final Report Form * UPMREB FORM 3(D)2012 Study Non-Compliance Report * UPMREB FORM 3(E)2012 Early Study Termination Application Form |
| **DATE OF MEETING <FOR FULL BOARD REVIEW>:** |

Refer to the attached study documents for your review, as listed in the UPMREB FORM 2(A)2012: Review Checklist. This notice along with a copy of the study documents and review forms has been sent to you via e-mail, and may be forwarded manually per request.

If you agree to review the protocol package and submit the review within the allotted time frame, please signify your confirmation. If we are unable to get a confirmation with three days, the protocol will be re-assigned to another primary reviewer.

Thank you.

Very truly yours,

**<NAME OF REVIEW PANEL SECRETARIAT STAFF>**

Secretariat Staff, UPMREB <Name of Review Panel>