|  |  |
| --- | --- |
|  | **University of the Philippines Manila**  **RESEARCH ETHICS BOARD**  Room 126, National Institutes of Health, UP Manila  623 Pedro Gil Street, Ermita, 1000 Manila  *Telephone*: +63 2 8526-4346; *Email*: upmreb@post.upm.edu.ph |

**Notice of Panel Action to Study Protocol Amendment/Continuing Review Application/Final Report/Deviation/Early Study Termination Report/Queries, Notifications and Complaints/SAE Report/Site Visit Report**

<dd/mm/yyyy>

|  |
| --- |
| **NAME OF PRINCIPAL INVESTIGATOR:** |
| **INSTITUTION/AFFILIATION:** |
| **ADDRESS:** |

We wish to inform you that the **UP Manila Research Ethics Board (UPMREB) <Review Panel>** has reviewed your study protocol submission and decided on the following action:

|  |
| --- |
| **TYPE OF SUBMISSION: <Study Protocol Amendment/Continuing Review Application/Final Report/Deviation/Early Study Termination Report/Queries, Notifications and Complaints/SAE Report/Site Visit Report>** |
| **UPMREB CODE:** |
| **STUDY PROTOCOL SUBMISSION DATE:** |
| **STUDY PROTOCOL TITLE:** |
| **TYPE OF REVIEW:** |
| **<For full board: DATE OF REGULAR MEETING:>** |

|  |
| --- |
| **<<Panel Action: *REQUEST INFORMATION /RECOMMENDATION FOR FURTHER ACTION/PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE***  ***\*For Amendment: MINOR MODIFICATIONS, SUBJECT TO EXPEDITED REVIEW AT THE LEVEL OF THE PANEL CHAIR/ MAJOR MODIFICATIONS, SUBJECT TO FULL BOARD REVIEW/ DISAPPROVE / PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE*** |
| Recommended revisions and/or clarifications are summarized below: |
| **CUT-OFF DATE FOR FULL BOARD REVIEW: <dd/mm/yyyy>**  **Please note that only protocols submitted seventeen days before the panel meeting, or within the set cut-off date, will be included in the agenda.** |
|  |

|  |
| --- |
| **RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR**:   1. Integrate in a cover letter addressed to the Panel Chair indicating response to the recommendations/clarifications; 2. If recommendations include revisions in the study protocol-related documents, summarize in the cover letter in which page of the revised documents the revision may be found, and attach revised documents; 3. Modified part in the protocol should be **underlined and bold-faced**; and 4. Submit the electronic copy to upmreb@post.upm.edu.ph, if iREB cannot be used. |

Should you have any questions or clarifications regarding the abovementioned recommendations, please contact the undersigned through the Panel Secretariat at (02) 8526-4346 or upmreb@post.upm.edu.ph.

The **UPMREB <Review Panel>** looks forward to your immediate response and action.>>

**OR**

<<<Upon assessment of the submitted documents, Panel has **NO FURTHER ACTION**. The report is noted and has been included in the protocol file. Thank you for your continuing compliance with the requirements of the **UPMREB.>>>**

Very truly yours,

**<NAME OF REVIEW PANEL CHAIR>**

Chair, UPMREB <Name of Review Panel>