**REVISIONS FOR THE INFORMED CONSENT DOCUMENT**

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| **URERB Protocol Code:**  (to be filled out by URERB Secretariat) |  |
| **Study Protocol Title:**  (to be filled out by the Researcher/PI) |  |
| **Researcher/Principal Investigator:**  (to be filled out by the Researcher/PI) |  |
| **Study Protocol Re-Submission Date:**  (to be filled out by URERB Secretariat) |  |
| **Completed Review Submission Date:**  (to be filled out by URERB Secretariat) |  |
| **Review Classification**  (to be filled out by the Chair) | **Full Review Expedited Review Exempt Review** |

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| **RECOMMENDATIONS**  **by URERB Panel** | **ACTIONS TAKEN by the Primary Investigator** | **Page and Paragraph where it can be found** | **Remarks**  **(Reviewer)** |
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| **RECOMMENDED ACTION**   * APPROVAL | |
| * MINOR MODIFICATIONS PRIOR TO APPROVAL | |
| * MAJOR MODIFICATIONS PRIOR TO APPROVAL | |
| * DISAPPROVAL |  |
| **JUSTIFICATION FOR RECOMMENDATION** | |
| **REVIEWER**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature over Printed Name**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |