**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** |

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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
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| * MINOR MODIFICATIONS PRIOR TO APPROVAL
 |
| * MAJOR MODIFICATIONS PRIOR TO APPROVAL
 |
| * DISAPPROVAL
 |  |
| **JUSTIFICATION FOR RECOMMENDATION** |
| **REVIEWER** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature over Printed Name****Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |