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| **THE MEDICAL CITY** |
| Ortigas Avenue, Pasig City, Philippines |
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| **INSTITUTIONAL REVIEW BOARD** |
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| **APPLICATION FOR CONTINUING REVIEW / RENEWAL OF APPROVAL FORM** |
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| **PROTOCOL INFORMATION** |
|  |
| Protocol Title: | Protocol Title |
| IRB Registry No.: | IRB Registry Number | Protocol No.: | Protocol Number |
| Principal Investigator: | Principal Investigator | Field of Study: | Field of Study |
| Date Submitted: | Enter Date | Sponsor: | Sponsor |
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| **RESEARCH STATUS** |
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|  |  | Name of Principal Investigator |  |  |
|  |  | Signature Over Printed Name / Date and Time |  |  |
| **PRINCIPAL INVESTIGATOR** |
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| **DO NOT FILL OUT THIS SECTION** |
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| **DECISION:** |
| [x]  Approved |
| [x]  Minor Revision Required |
| [x]  Major Revision Required |
| [x]  Pending (if clarification is required before a decision can be made) |
| [x]  Approval not Granted |
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|  | Signature Over Printed Name / Date and Time |  | Signature Over Printed Name / Date and Time |  |
|  | **PRIMARY REVIEWER** |  | **CHAIR, INSTITUTIONAL REVIEW BOARD** |  |