|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE MEDICAL CITY** | | | | | | | | | | | |
| Ortigas Avenue, Pasig City, Philippines | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **INSTITUTIONAL REVIEW BOARD** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **APPLICATION FOR CONTINUING REVIEW / RENEWAL OF APPROVAL FORM** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 | | | |
|  | | |  | | |  | |  | | | |
|  | | | | | | | | | | | |
| **RESEARCH STATUS** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | |  | | Name of Principal Investigator | | | | |  |  | |
|  | |  | | Signature Over Printed Name / Date and Time | | | | |  |  | |
| **PRINCIPAL INVESTIGATOR** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **DO NOT FILL OUT THIS SECTION** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **DECISION:** | | | | | | | | | | | |
| Approved | | | | | | | | | | | |
| Minor Revision Required | | | | | | | | | | | |
| Major Revision Required | | | | | | | | | | | |
| Pending (if clarification is required before a decision can be made) | | | | | | | | | | | |
| Approval not Granted | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |  | | | |  | |  | | | |  |
|  | Signature Over Printed Name / Date and Time | | | |  | | Signature Over Printed Name / Date and Time | | | |  |
|  | **PRIMARY REVIEWER** | | | |  | | **CHAIR, INSTITUTIONAL REVIEW BOARD** | | | |  |