

## Review of Resubmitted Study Protocol Form

MMERC Code		Date of Initial Submission	
Study Protocol Title			
Total Participants		Review No.	<input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Others: _____
Principal Investigator		Tel. No.	
Initial Review Date		Last Review Date:	

RECOMMENDATIONS FROM LAST REVIEW:	PI RESPONSE:	REVIEWER'S COMMENT:
<p><b>PROTOCOL ISSUES:</b></p> <p>1. Response: _____ (include page number: _____ )</p> <p>2. Response: _____ (include page number: _____ )</p> <p><b>INFORMED CONSENT ISSUES</b></p> <p>1. Response: _____ (include page number: _____ )</p> <p>2. Response: _____ (include page number: _____ )</p> <p><b>DOCUMENTS ISSUES:</b></p> <p>1. Response: _____ (include page number: _____ )</p> <p>2. Response: _____ (include page number: _____ )</p>		<p><i>Were the recommendations met (Yes/No)? Explain</i></p>

RECOMMENDATION OF PRIMARY REVIEWER:	SUMMARY OF COMMENTS BY THE PRIMARY REVIEWER:	
<input type="checkbox"/> APPROVE <input type="checkbox"/> MINOR MODIFICATION <input type="checkbox"/> MAJOR MODIFICATION <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE		
<b>PRIMARY REVIEWER</b>		
Printed Name	Signature	Date