

Notification Form

MMERC Protocol No.		Date (Day/Month/Year)	
Protocol Title			
Principal Investigators			
Department		Contact No./Email	
Co-investigator(s)		Contact No./Email	
Total No. of Participants		No. of Study Sites	
Sponsor		Contact No./Email	
Duration of Study			
Reviewers			
Type of the Study	<input type="checkbox"/> Intervention <input type="checkbox"/> Epidemiology <input type="checkbox"/> Genetic <input type="checkbox"/> Document review <input type="checkbox"/> Individual based <input type="checkbox"/> Others, specific <input type="checkbox"/> Social Survey <input type="checkbox"/> Observational Study _____		
Review Status	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited		
Type of Notification	<input type="checkbox"/> Query <input type="checkbox"/> Complains <input type="checkbox"/> Notification <input type="checkbox"/> Others, specific: _____		

Date		Received By	
Reviewer's Comment			
Action	<input type="checkbox"/> No Further Action <input type="checkbox"/> Request Further Information <input type="checkbox"/> Recommend Further Action <input type="checkbox"/> Others: _____		
Reviewer's Name		Date	
Signature			