**PROTOCOL EVALUATION FORM**

**FOR RESUBMISSION (Form 2.7C)**

**TO THE PRINCIPAL INVESTIGATOR:** *OBTAIN AN ELECTRONIC COPY OF THIS FORM AND ENCODE ALL INFORMATION REQUIRED IN THE SPACE PROVIDED. PRINT NAME, DATE AND SIGN THIS FORM BEFORE SUBMISSION. INDICATE WITH A (✓) CHECK MARK THE APPROPRIATE TICK BOX.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Submission (MMM/DD/YYYY)** | Click here to enter text. | **IRB Protocol Number** | Click here to enter text. |
|  |
| **Sponsor** | Click here to enter text. | **Sponsor’s Protocol Number** | Click here to enter text. |
|  |
| **Principal Investigator** | Click here to enter text. | **Co-investigator(s)** **(if any)** | Click here to enter text. |
|  |
| **Principal Investigator’s Signature**  | Click here to enter text. | **Principal Investigator’s Contact Number** | Click here to enter text. |
|  |
| **Protocol Title**  | Click here to enter text. |

***INSTRUCTIONS***

* **TO THE PRINCIPAL INVESTIGATOR:** *ON THE FIRST COLUMN, INDICATE THE IRB COMMENT AND RESPONSE AND/OR REVISIONS DONE. ON THE SECOND COLUMN, SPECIFY THE LOCATION/ PAGE NUMBER WHERE THE RESPONSE AND/ OR REVISIONS ARE PLACED. YOU MAY ADD MORE COLUMNS OR EXTRA PAGES, AS NEEDED.*
* **TO THE REVIEWER/ INDEPENDENT CONSULTANT:***KINDLY STIPULATE ON THE THIRD COLUMN YOUR COMMENTS OR OTHER CLARIFICATIONS.*

|  |  |  |
| --- | --- | --- |
| **IRB COMMENT AND RESPONSE AND/OR REVISION DONE** | **PAGE NUMBER OR LOCATION** | **REVIEWER’S COMMENTS** |
| 1. **<MMC IRB Inquiry>**

<Principal Investigator’s response> |  |  |
| 1. **<MMC IRB Inquiry>**

<Principal Investigator’s response> |  |  |
| 1. **<MMC IRB Inquiry>**

<Principal Investigator’s response> |  |  |
| 1. **Others: <Revisions done>**
 |  |  |

**TO THE PRIMARY REVIEWER/ INDEPENDENT CONSULTANT:***PUT A (√) CHECK MARK ON THE APPLICABLE TICK BOX. IF THE PAPER IS FOR REVISION, SPECIFY THE MODIFICATION REQUIRED ON THE SPACE PROVIDED. IF THE PAPER IS DISAPPROVED, STIPULATE THE REASON FOR SUCH DECISION ON THE SPACE PROVIDED. PRINT NAME, SIGN AND DATE ON THE SPACE PROVIDED.*

***NOTE:*** *FOR PROTOCOLS UNDER FULL BOARD REVIEW, THE PRIMARY REVIEWERS MUST BE PRESENT DURING THE DELIBERATION FOR FINAL DECISION. TO PREPARE FOR THE FULL BOARD MEETING, KINDLY RETURN THE ACCOMPLISHED EVALUATION FORM (2.7C) TO THE IRB SECRETARIAT AT LEAST ONE (1) WEEK PRIOR TO THE SCHEDULED MEETING. THANK YOU.*

***TO BE FILLED OUT BY THE PRIMARY REVIEWER***

*Reviewer’s Recommendation*

Approval

 Minor Modification:

Summary of Revisions:

 Major Modification:

Summary of Revisions:

Disapproval

 Reason:

Pending Decision

 Reason:

|  |  |  |
| --- | --- | --- |
| **Primary Reviewer’s Name** | **Signature** | **Date (MMM/DD/YYYY)** |
|  |  |  |

**TO THE IRB SECRETARIAT:***SPECIFY THE DELIBERATION DATE OF THE PROTOCOL.*

**Date of Meeting:**

 **(MMM/DD/YYYY)**