**PROTOCOL SUMMARY SHEET**

**(Form 2.5)**

**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.*

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| **Date of Submission (MMM/DD/YYYY)** | Click here to enter text. | **IRB Protocol Number** | Click here to enter text. |
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| **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. | | |
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| **Rationale** | Click here to enter text. | | |
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| **Objectives** | Click here to enter text. | | |
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| **Study Design/ Methodology** | Click here to enter text. | | |
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| **Inclusion of Criteria** | Click here to enter text. | | |
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| **Exclusion of Criteria** | Click here to enter text. | | |
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| **Data Analysis Plan** | Click here to enter text. | | |
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| **Study Outcomes (if applicable)** | Click here to enter text. | | |

All requirements must be submitted online to the official IRB email: [irbmmc.admin@makatimed.net.ph](mailto:irbmmc.admin@makatimed.net.ph) for screening.

After receiving an e-mail notification that your submission is “complete”, submit one (1) hard copy to the IRB Office located at the 7th Floor, Keyland Center (Makati Medical Center Tower 3), 143 Dela Rosa cor. Adelantado Streets, Legaspi Village, Makati City. You may contact the IRB Secretariat Staff through the following:

1. Telephone: 8888-8999 Loc. 3973, 3972 and 7166
2. Email: irbmmc.admin@makatimed.net.ph