**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)** |  | **IRB Protocol Number** |  |
|  | | | |
| **Sponsor** |  | **Sponsor’s Protocol Number** |  |
|  | | | |
| **Principal Investigator** |  | **Co-investigator(s) (if any)** |  |
|  | | | |
| **Principal Investigator’s Signature** |  | **Principal Investigator’s Contact Number** |  |
|  | | | |
| **Protocol Title** |  | | |
|  | | | |
| **Rationale** |  | | |
|  | | | |
| **Objectives** |  | | |
|  | | | |
| **Study Design/ Methodology** |  | | |
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| **Inclusion of Criteria** |  | | |
|  | | | |
| **Exclusion of Criteria** |  | | |
|  | | | |
| **Data Analysis Plan** |  | | |
|  | | | |
| **Study Outcomes (if applicable)** |  | | |

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