**REQUIREMENT CHECKLIST –**

**RESUBMISSION/ AMENDMENT PROTOCOL (Form 2.4)**

**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)** |  | **IRB Protocol Number** |  |
|  |
| **Sponsor** |  | **Sponsor’s Protocol Number** |  |
|  |
| **Principal Investigator** |  | **Co-investigator(s) (if any)** |  |
|  |
| **Principal Investigator’s Signature**  |  | **Principal Investigator’s Contact Number** |  |
|  |
| **Date of Initial Approval** **(for amendment)** |  | **Type of Submission** | [ ] Resubmission  |
| [ ] Amendment |
|  |
| **Protocol Title** |  |
|  |
| **Submitted by** |  | **Signature**  |  |
| **TO THE PRINCIPAL INVESTIGATOR:***CHECK FOR COMPLETENESS UPON SUBMISSION. TICK THE APPROPRIATE BOXES IF APPLICABLE.* |
| **DOCUMENT SUBMITTED** |
| **Accomplished Forms** |
| [ ]  | Application Form 2.1B (for resubmission) or Form 2.1C (for amendments) |
| [ ]  | Protocol Evaluation Form 2.7A |
| [ ]  | Protocol Evaluation Form for Resubmission 2.7C (for resubmission) |
| [ ]  | Protocol Amendment Review Form 3.2 (for amendments) |
| [ ]  | Letter of intent including the list of documents submitted |
| [ ]  | Letter from the adviser and chairman of the Research Committee of the Department attesting that the document resubmitted has been **reviewed and approved** (for In-house Interns, Residents and Fellows only) |
| [ ]  | Resubmitted or amended documents (including a copy of the IRB queries for resubmissions) |



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| **DOCUMENT SUBMITTED** |
|  | **If changes were made on the protocol, informed consent forms, or other documents applicable:** |
|[ ]   Highlight (or in bold and underlined) the changes made |
|[ ]   Place flagging on the page where the revisions are located |

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

You may contact the IRB Admin Staff through the following:

1. Telephone: 8888-8999 Loc. 7166, 3973, 3972, and 7178
2. Email: irbmmc.admin@makatimed.net.ph