**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](mailto: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