**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.*

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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** |  | | |
|  | | | |
| **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.

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