**PROTOCOL EVALUATION FORM**

**FOR RESUBMISSION (Form 2.7C)**

**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**  |  |

**INSTRUCTIONS:**

* **TO THE PRINCIPAL INVESTIGATOR:** *ON THE FIRST COLUMN, INDICATE THE IRB COMMENT AND RESPONSE AND/OR REVISIONS DONE. ON THE SECOND COLUMN, SPECIFY THE LOCATION/ PAGE NUMBER WHERE THE RESPONSE AND/ OR REVISIONS ARE PLACED. YOU CAN REMOVE COLUMNS OR EXTRA PAGES AS NEEDED, ENSURING THE FORMAT REMAINS INTACT.*
* **TO THE REVIEWER/ INDEPENDENT CONSULTANT:***IF YOU HAVE NO FURTHER COMMENTS, PUT AN (X) MARK ON THE SPACE PROVIDED. OTHERWISE, YOU MAY OPT TO INDICATE COMMENTS FROM THE STUDY BELOW.*

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| **IRB COMMENT AND RESPONSE AND/OR REVISION DONE** | **PAGE NUMBER OR LOCATION** | **REVIEWER’S COMMENTS** |
| 1. **<MMC IRB Inquiry>**

<Principal Investigator’s response> |  |  | No Further comments |  | With Further Comments |
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| Comments: |

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***(To be filled out by IRB Primary Reviewer/Independent Consultant)***

*PUT AN (X) MARK ON THE SPACE PROVIDED UNDER DECISION, AND YOU MAY OPT SUMMARIZE THE COMMENTS FROM THE STUDY BELOW.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Decision:** |  | Approval |  | Disapproval |
|  | Minor Modifications Revision  |  | Pending Decision |
|  | Major Modifications |  |  |

|  |  |
| --- | --- |
| **Summary of comments:** |  |

***(To be filled out by IRB Primary Reviewer/Independent Consultant):*** *PLEASE ALSO INDICATE YOUR PRINTED NAME AND SIGNATURE ON THE SPACE PROVIDED BELOW.*

|  |  |  |
| --- | --- | --- |
| **Primary Reviewer’s Name** | **Signature** | **Date (MMM/DD/YYYY)** |
|  |  |  |

***NOTE:*** *FOR PROTOCOLS UNDER FULL BOARD REVIEW, THE PRIMARY REVIEWERS MUST BE PRESENT DURING THE DELIBERATION FOR FINAL DECISION. TO PREPARE FOR THE FULL BOARD MEETING, KINDLY RETURN THE ACCOMPLISHED EVALUATION FORMS (2.7B AND 2.8) TO THE IRB SECRETARIAT AT LEAST ONE (1) WEEK PRIOR TO THE SCHEDULED MEETING. THANK YOU.*