# ANNEX 2

**AF/02-008/01**

**Document Receipt Form**

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| **Protocol Number:** | **Submitted date:** |
| **Protocol Version Number:** |
| **Type of Submission:** | **** Initial Review**** Resubmission for re-review**** Protocol Amendments | **** Continuing Review of Approved Protocols**** Protocol Termination |
| **Protocol Title:** |  |
| **Principal Investigator:** |  |
| **Telephone number:** |  | **Fax :** |  |
| **E-mail:** |  | **Preferred Contact** |  Phone  Fax  e-mail |
| **Institute:** |  |
| **Delivery route:** | **** Post **** E-submission **** in Person |
| **Documents submitted:**  | **** Complete **** incomplete, will submit on…………... |
| **Documents checklist :** | **Documents submitted** PI address and details Study title Objectives of the study  Information sheet of informed consent Translated version of informed consent sheet informed consent form (ICF) Translated version of ICF  Study budget  CV of the PI Evidence of GCP training (Only in case of clinical trials) Research tools (Questionnaire/forms)  case report forms (CRF) if applicable investigator’s brochure if applicable Attachments (Pls specify) ...............................................................others…………………….................... | **Documents to be submitted:** PI address and details Study title Objectives of the study  Information sheet of informed consent Translated version of informed consent sheet informed consent form (ICF) Translated version of ICF  Study budget  CV of the PI  Evidence of GCP training (Only in case of clinical trials) Research tools (Questionnaire/forms)  case report forms (CRF) if applicable investigator’s brochure if applicable Attachments (Pls specify) .................................................................................................others……………………................................................................ |
| **Received by:** |  |  |
| **Date received:** |  |  |

***Note:*** *Please bring this receipt with you when contacting the IRB.*