# 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.*