# ANNEX 3

**AF/03-019/01**

**Safety Report Review Form**

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| General Information |
| Protocol Title:  |
| Protocol No.: | Report received date: |
| Review Channel:⬜ Full Board Review ⬜ Expedited Review Review Date: Reviewer Name:  |
| Completed by:(Signature)Date: |
| Review Decision:⬜ Terminate the study ⬜ Suspend the enrolment⬜ Request protocol amendment ⬜ Request ICF amendment⬜ Request further information ⬜ No Action |
| Recommendation: |
| Reviewer Signature:(For Expedited Review)Date: | IRB Secretariat Signature:(For Full Board Review)Date: |
| IRB Chairperson Sign:Date: |