# ANNEX 3

**AF/03-019/01**

**Safety Report Review Form**

|  |  |
| --- | --- |
| 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: | |