# ANNEX 2

**Form AF/02-013/01**

**APPLICATION FORM for RESUBMITTED PROTOCOL REVIEW**

|  |
| --- |
| 1. Protocol Number (*To be assigned by IRB Secretary*): ...
 |
| 1. Protocol Title: .................
 |
| 2.1. Protocol Version No.: ... Dated: ... |
| 1. PARTICULARS OF THE PRINCIPAL INVESTIGATOR (PI)

Name: …………………………………………………………………………………………. Address: ………………………………………………………………………………………. Telephone: …………………………… Fax(optional): …………………………………….. E-mail: ……………………………………………............................................................. |
| 3.1 Proponent of the study: ………………………………………………….................................. |
|  | Recommendations/clarifications sought in previous review: | Clarification/Action Taken |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
|  | Other revisions, is any: |
| 1. |
| 2. |
| 3. |
| 4. |
| **SIGNATURES:** Date: ………………..  Principal Investigator  Date:…………………  Protocol Chairperson (if applicable)**COMPLETION:** Date: …………………  Member-Secretary, IRB |