# 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 | | |