# ANNEX 1

**AF 01-013/01**

**Resubmitted Protocol Review Form**

|  |  |  |
| --- | --- | --- |
| Protocol No.: | Version No.: Dated: DD/MM/YYYY | |
| Protocol Title: | | |
| Principal Investigator: | | |
| Proponent of the study: | | |
| ⬜ 2nd Review ⬜ 3rd Review ⬜ 4th Review ⬜ ...th Review *(****NB****: Consider Initial review to be the 1st review)* | | |
| Initial Review Date: | Last Review Date: | |
| Previous Decision of IRB: ⬜ Approved with Recommendations ⬜ Resubmission ⬜ Disapproved | | |
| * Recommendations/clarifications sought in previous review | |  |
|  | | ⬜ Addressed⬜ Not Addressed |
|  | | ⬜ Addressed⬜ Not Addressed |
|  | | ⬜ Addressed⬜ Not Addressed |
|  | | ⬜ Addressed⬜ Not Addressed |
| * Other revisions, if any: | |  |
|  | | ⬜ Addressed⬜ Not Addressed |
|  | | ⬜ Addressed⬜ Not Addressed |
| * What need to be further revised, if required: | | |
| **Decision of the reviewer** ⬜ Approve ⬜ Approve with Recommendations  ⬜ Solicit for Resubmission ⬜ Disapprove  If approved, frequencies for continuing review (CR): ... *(****NB****: Default schedule for CR is one month before the approval expiry date)* | | |
| **SIGNATURES:**    Date: …………………  Protocol Reviewer | | |