# 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 ⬜ DisapproveIf approved, frequencies for continuing review (CR): ... *(****NB****: Default schedule for CR is one month before the approval expiry date)* |
| **SIGNATURES:**  Date: …………………  Protocol Reviewer |