# 

# PALAWAN STATE UNIVERSITY

**R E S E A R C H E T H I C S R E V IEW C O M M I T T E E**

Tiniguiban Heights, Puerto Princesa City, 5300 Palawan

*Email*: [psurecpal@gmail.com /](mailto:psurecpal@gmail.com) [psurercsubmissions@psu.palawan.edu.ph](mailto:psurercsubmissions@psu.palawan.edu.ph)

US DOHHS-OHRP Registration No.: IRB00014070

PHREB Accreditation No.: L1-2023-058-01

# RESUBMITTED STUDY PROTOCOL ASSESSMENT FORM

|  |  |  |
| --- | --- | --- |
| **PSURERC Code:** |  | |
| **Study Protocol Title:** |  | |
| **Principal Investigator/Lead Researcher:** |  | |
| **Date Initial Submission Completed:** | *<to be filled out by the PSURERC Staff>* | |
| **Initial Review Date Completed:** | *<to be filled out by the PSURERC Staff>* | |
| **Last Review Date Completed:** | *<to be filled out by the PSURERC Staff>* | |
| **Resubmission No.:** |  | |
|  | | |
| **Recommendations from the last review: (***to be accomplished by the PI or LR)* | **Response/Action Made**  **If revised, include the page and line number/s where the revision is found. (***to be accomplished by the PI or LR)* | **Were the recommendations met (Yes/No)? Explain if recommendations were not met. (***to be accomplished by the Primary Reviewer)* |
| **Study Protocol** | | |
| 1. |  |  |
| 2. |  |  |
| **Informed Consent Form** | | |
| 1. |  |  |
| 2. |  |  |
| **Other Documents or Concerns** | | |
| 1. |  |  |
| 2. |  |  |
| **RECOMMENDATION OF PRIMARY REVIEWER:** | **JUSTIFICATION FOR RECOMMENDED ACTION**: | |
| □ APPROVE |
| □ MINOR MODIFICATION |
| □ MAJOR MODIFICATION |
| □ DISAPPROVE |
| □ PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE |
| **PRIMARY REVIEWER** Signature  Date: Name: | | |