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| INSTRUCTION:  This Re-submission form is required for protocols to be re-submitted for review. Please indicate your response to each of the recommendations provided in the response letter. To facilitate the evaluation of your responses or revisions, kindly indicate the line number and page number where this information can be found. ***Submissions without page and line numbers will not be accepted*** |

*------------------------------- Section A (for the primary investigator) ------------------------------------*

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| --- | --- | --- | --- | --- |
| SPUP REC Code: |  | | | |
| Protocol Title: |  | | | |
| Principal Investigator: |  | Contact Number: | |  |
| Institution: |  | Email Address: | |  |
| Adviser/s: |  | | | |
| Date of Initial Submission: |  | 2nd Review 3rd Review | | |
| Initial Review Date: |  | Last Review Date: | |  |
| Initial Primary Reviewer: |  | Type of Initial Review | | |
|  | Expedited | |
|  | Full Review | |
|

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| --- | --- |
| Reviewers’ Recommendations | Clarification/Action Taken  (Page, and Line Number) |
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*------------------------------- Section B (for the assigned primary reviewer) -----------------------------*

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| --- | --- | --- |
| Comments and Suggestions | | |
|  | | |
| Recommended Action |  | Approved |
|  | Minor modification |
|  | Major modification |
|  | Disapprove |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Reviewer  (Printed Name and Signature) |  | Date |  |