



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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PROTOCOL RESUBMISSION FORM

Section 1 (To be filled-up by PI))

Submission Date	
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LCP-IERB CODE		Sponsor Protocol Number	
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Protocol Title	
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	Name	Email	Mobile / Phone / Fax Number	Institution / Department
Principal Investigator				
Sponsor				

Date of Initial Submission		<input type="checkbox"/> 2 nd Review	<input type="checkbox"/> 3 rd Review
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Initial Review Date		Last Review Date	
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Documents to be revised	<input type="checkbox"/> Protocol	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> ICF	<input type="checkbox"/> Composition of Research Team	

LCP-IERB Recommendations from last review	Revisions made by the PI
1	1
2	2
3	3
4	4
5	5

Principal Investigator's Signature		Date	
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SECTION 2 (To be filled up by LCP-IERB)

Received by (Signature over printed name)		Date Received	
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Assessment by Primary Reviewer	Comments		
Recommendations	<input type="checkbox"/> Approve	Type of Review	
	<input type="checkbox"/> Request further information / Modification	<input type="checkbox"/> Expedited review	
	<input type="checkbox"/> Others	<input type="checkbox"/> Full board review	

Primary Reviewer/s	Signature	Date

LCP-IERB Decision / Action Taken	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	<input type="checkbox"/> Minor Modification	<input type="checkbox"/> Major Modification
Date of Meeting		

LCP-IERB Chairman	Signature	Date