Review of Resubmitted Study Protocol Form

UPCHE REC Code:		Date of Initial Submission:	
Study Protocol Title:			
Total Participants:		☐ 2nd Review ☐ 3rd Review	
Principal Investigator: <Title, Name, Surname>		Tel.:	
Initial Review Date:		Last Review Date:	
(To be filled by the Principal Investigator/RP) State recommendations from last review, PI response per recommendation, and page & paragraph where modifications are found.			*(To be filled by the Reviewer)* Were the recommendations met (Yes/No)? Explain.
Review recommendations	P.I. Response	Page	
Scientific Design:			
Conduct of Study:			
Ethical Considerations:			
Informed Consent Form (Essential elements):			
Name and Signature of Principal Investigator:		Name and Signature of Thesis Adviser (for students):	
Date:		**Date:**	

RECOMMENDED TYPE OF REVIEW: ☐ Expedited ☐ Full Review	
COMMENT(S)	
SUMMARY OF RECOMMENDATION(S)	
RECOMMENDED ACTION:	**Justification for Recommendation:**

☐	APPROVAL	
☐	MINOR MODIFICATIONS	
☐	MAJOR MODIFICATIONS	
☐	DISAPPROVAL	

REVIEWER Date:	Signature Name Position	 Scientist Member
REVIEWER Date:	Signature Name Position	 Non-Scientist Member