USM	**Research Ethics Committee**		
	RESUBMISSION FORM	REC Form No.	1.9
		Version No.	Ø
		Date of Effectivity *(to be provided by REC)*	

General Information			
*Title of Study			
Version number/date			
*REC Code *(To be provided by REC)*		*Study Site	
*Name of Researcher		Contact Information	Tel No:
			*Mobile No:
*Co-researcher/s *(if any)*			Fax No:
			*Email:
*Institution of researcher			
*Address of Institution			

REC Recommendations	Response of Researcher	Section and page number of revisions

Signature of Researcher: _____

Note: Researcher must **PRINT** the form and place fresh signature (use blue ballpoint pen) above. **DELETE** this note in the actual Form..

Date: _____