

	Region 1 Health Research and Development Consortium (R1HRDC) Ethics Review Committee	
	ERC FORM 17 RESUBMISSION	Version no: 01 Approval Date: June 29, 2017 Effective Date: August 30, 2017

Code:	
Study title:	
Version no:	
Version date:	
Name of principal investigator:	
Contact number:	
E-mail address:	
Institution:	
Institution address:	
Name of co-investigator/s:	
Signature of principal investigator:	
Date submitted:	

No.	ERC Recommendations	Action/s taken	Page where revision was made	Comments/ recommendations (to be filled-out by R1HRDC-ERC) Date received:
				Review date:
1				
2				
3				
4				
5				

RECOMMENDATION ACTION <input type="checkbox"/> APPROVAL <input type="checkbox"/> MINOR MODIFICATIONS <input type="checkbox"/> MAJOR MODIFICATIONS <input type="checkbox"/> DISAPPROVAL	
JUSTIFICATION FOR RECOMMENDATION	
PRIMARY REVIEWER _____ Date: _____ Signature	
ERC SECRETARY _____ Date: _____ Signature	
ERC CHAIR _____ Date: _____ Signature	