

[illegible]



RECOMMENDED ACTION:

Note: If **for modification**, indicate if minor or major modification by putting a check next to the appropriate choice. Also, highlight the justification for the recommended action from the choices provided.

☐ APPROVE

☐ PROVISIONAL APPROVAL

Specify: (e.g., NCIP Clearance)

☐ FOR MODIFICATION

☐ Minor Modification

Justification:

☐ Incomplete Documentation

☐ Incomplete ICF/PIS Elements

☐ Unsatisfactory IC Format

☐ Others:

☐ Major Modification

Justification:

☐ Change of Study Objectives

☐ Change in the Recruitment Process

☐ Revision of exclusion/inclusion Criteria

☐ Change of Data Collection Method

☐ Change in the process of mitigation of risk/harm to participants and the integrity of the research



ETHICS REVIEW BOARD

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☐ DISAPPROVE		☐ Others: _____
ADDITIONAL REMARKS:		
PRIMARY REVIEWER	Signature	_____
Date: <dd/mm/yyyy>	Name	<Title, Name, Surname>
	Panel	<Name of Panel>