

Resubmitted Protocol Review Form

Protocol No.:	Protocol Title:
Total Participants :	<input type="checkbox"/> 2 nd Review <input type="checkbox"/> 3 rd Review <input type="checkbox"/> 4 th Review
Principal Investigator:	Tel.:
Initial Review Date:	Last Review Date:
REBH Decision recorded in the meeting minute :	<input type="checkbox"/> Approved with minor changes or recommendation <input type="checkbox"/> Major changes or recommendation need to be reconsidered
Opinion of the reviewer: ✧ Revision or Modification according to the recommendation ✧ What need to be further revised :	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explain:
SIGNATURES: _____ Date:..... Protocol Reviewer	