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| C:\Users\Admin\Desktop\LOGO SEAL.png | C:\Users\Admin\Desktop\CIM CVGH.png | C:\Users\Admin\Desktop\cebu velez 07222011_20110721214530_10.JPG | **RESUBMISSION**  **FORM** |
| **I INSTITUTIONAL REVIEW BOARD**  **79 F. RAMOS ST., CEBU CITY**  **Tel. 253-7413 Fax. (63-32) 253-9127** | |  | **FORM 2.5** |

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| **IRB REFERENCE NO.** | | | |  |  |  | |  | **-** |  |  | **-** |  |  |
| **PRINCIPAL INVESTIGATOR (P.I.)** | | **SPONSOR** | | | | | | **DATE SUBMITTED** | | | | | | |
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| **INSTITUTION:** | | **P.I. CONTACT NO.** | | | | | | **P.I. EMAILL ADDRESS** | | | | | | |
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| **PROTOCOL NO. & TITLE** | | | | | | | | | | | | | | |
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| **DOCUMENTS SUBMITTED** | | | | | | | | | | | | | | |
| * Protocol * Advertisement * Informed Consent | | | * Composition of Research Team * Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **PRIMARY REVIEWER** | | | **DATE REVIEWED** | | | | | | | | | | | |
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| **IRB RECOMMENDATION** | **PI RESPONSES**  **PI to respond to IRB recommendations in this box** | | | | | | **REVIEWER COMMENTS** | | | | | | | | |
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| **PI Signature** |  | | | | | | | | | | | | | | |
| **Received by IRB Staff** |  | | | | | | | | | | | | | | |
| **Summary of Comments** | | | | | | | | | | | | | | | |
| **Primary Reviewer** | | | | | | | | | | | | | | | |