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