



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, corner Agham Road, Quezon City

INSTITUTIONAL RESEARCH – ETHICS COMMITTEE
(IR-EC)

PROTOCOL RESUBMISSION FORM

Submission Date: _____ IR-EC Protocol Code No. _____

Protocol Title: _____

Principal Investigator/s: _____
Co-investigator/s : _____

Telephone Number: _____ Fax : _____
E-mail Address: _____ Preferred Contact: [] Phone [] Fax [] E-mail

Sponsor, if any : _____

Document to be revised or needs more information:

Document	Version no.	Version date
1. Protocol		
2. Informed Consent		
3. Advertisement		
4. Composition of Research team		
5. Others:		

TO P.I.: Submit revisions or requested information as attachment using the following format:

IR-EC Recommendations	Revisions made by the PI	Page no.

* *Pls attach revised protocol, ICF, etc. with the new version no./date revised (ex. Ver.2/Jan1,2018)*

P.I. Signature _____ Date: _____

TO BE FILLED UP BY IR-EC REVIEWER

Decision: [] Revisions still needed; see comments in attachment
[] Approved

Primary Reviewer: Name/Signature: _____ Date: _____

PCMC IR-EC Chair: Name/Signature _____ Date: _____