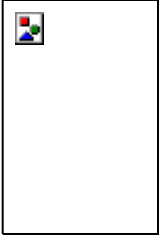




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INSTITUTIONAL ETHICS REVIEW BOARD**

**Biomedical Research Institute,
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Alabang Zapote Road, Las Piñas City, Tel. No. (632) 874-8515 local 631**



**Form 2.5 (A) 2014
Review of Resubmitted Protocol**

Review of Resubmitted Protocol

IERB Protocol No.:	Date of Initial Submission:
Protocol Title:	
Total Participants :	<input type="checkbox"/> 2 nd Review <input type="checkbox"/> 3 rd Review
Principal Investigator:	
Contact Number:	
Initial Review Date:	Last Review Date:
	Were the recommendations met? Specify:



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<p>Opinion of the reviewer:</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Disapprove</p>	<p>Comments:</p>
<p>SIGNATURES:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Protocol Reviewer</p> <p style="text-align: right;">Date:.....</p>	
<p>COMPLETION:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Secretary- General of IERB</p> <p style="text-align: right;">Date:.....</p> <p>APPROVAL:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Chair of IERB</p> <p style="text-align: right;">Date:</p>	