



INSTITUTIONAL REVIEW BOARD

PROTOCOL AMENDMENT REVIEW

Date of Submission	IRB Protocol No.	Sponsor Protocol No.

Principal Investigator	Email/Mobile No.	Sponsor

Title	
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Study Site/s:	Date of Initial Approval	
	Type of Initial Review: (FB, Expedited, Exempted)	

Items to be Amended	List of Amendments	Reasons

Signature of PI:	
Date:	



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 Department of Health
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Form 3.2

INSTITUTIONAL REVIEW BOARD

for IRB only:			
Assessment of Primary Reviewers	1. Type of amendments:		
		Minor	Major
	Comment/s:		
	2. Does the amendment decrease the risks to participants:		
		Yes	No
	Comment/s:		
	3. Does the amendment decrease the benefits to participants?		
		Yes	No
	Comment/s:		
	4. Is there favourable benefit/risk ratio?		
		Yes	No
	Comment/s:		

Recommendations:	
	Approve
	Request for further information/modification
	Others

Type of Review	
	Expedited
	Exempted
	Full Board

Name of Reviewer

Signature

Date

Final Decision

IRB Chair

Signature

Date