



Department of Health  
**Jose R. Reyes Memorial Medical Center**  
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**INSTITUTIONAL REVIEW BOARD**

Form 2.8

**SUMMARY of REVISION on the PROTOCOL**

Date

**ZHARLAH G. FLORES, MD, FPDS**  
 Chair

Dear Dr. Flores:

This is to submit the revised protocol and related documents to the IRB.

IRB Protocol No.		Sponsor Protocol No	
Principal Investigator/s		Submission Date	
Title			
Protocol Version No.		Version Date	
ICF Version No.		Version Date	
Others:			
Type of initial review	<input type="checkbox"/> Expedited	<input type="checkbox"/> Full board	<input type="checkbox"/> Exempted
Channel of review of resubmission	<input type="checkbox"/> Expedited	<input type="checkbox"/> Full board	<input type="checkbox"/> Exempted
IRB Recommendations	Revision made by the PI	Reviewer Comments	

**RESULT OF PROTOCOL REVIEW:**

Summary of Comments:	
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DECISION	<input type="checkbox"/> Approval	<input type="checkbox"/> Major Revision	<input type="checkbox"/> Minor Revision	<input type="checkbox"/> Others
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Reviewer	Signature	Date

Received by: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_