# ANNEX 1

**AF/01-013/07 APPLICATION FORM for RESUBMITTED PROTOCOL REVIEW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Protocol Number (*To be assigned by REBH Secretary*): ... | | | | |
| 1. Protocol Title: ... | | | | |
| 2.1. Protocol Version No.: ... Dated: ... | | | | |
| 1. PARTICULARS OF THE PRINCIPAL INVESTIGATOR (PI)   Name: ………………………………………………………………………………………….  Address: ……………………………………………………………………………………….  Telephone: …………………………… Fax: ……………………………………………….. E-mail: ……………………………………………............................................................. | | | | |
| 3.1 Proponent of the study: ………………………………………………….................................. | | | | |
|  | | Recommendations/clarifications sought in previous review: | | Clarification/Action Taken |
| 1. | |  |
| 2. | |  |
| 3. | |  |
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| 7. | |  |
| 8. | |  |
|  | | Other revisions, is any: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| **SIGNATURES:**  Date: ………………..  Principal Investigator  Date:…………………  Protocol Chairperson (if applicable)  **COMPLETION:**  Date: …………………  Member-Secretary, REBH | | | | |