**SJREB FORM 4.1**

**PROTOCOL RESUBMISSION FORM**

*To be filled by investigator*

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|  | | | | | | | | SJREB Protocol Number: | | | | | |  | | |
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| Sponsor Protocol Number: | | |  | | | | | Submission Date: | | | | | |  | | |
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| Protocol Title: | |  | | | | | | | | | | | | | | |
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| Document to be revised | | | |  | Protocol | | | | |  | | Informed Consent | | | | |
|  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Study Duration | |  | | | | | | | | | | | | | | |
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| Sponsor: | |  | | | | | | | | | | | | | | |
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| Principal  Investigator: | |  | | | | | | | | | | | | | | |
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| Telephone  number: | |  | | | | | | | | | Fax : | |  | | | |
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| E-mail: |  | | | | | Preferred  means of  contact | | |  | | Phone | | | | Fax | Email |
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| Institution | |  | | | | | | | | | | | | | | |
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| REC Recommendations | | | | | | | Revisions made by the PI | | | | | | | | | |
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| PI SIGNATURE: | DATE: |
| RECEIVED BY REC SECRETARIAT: | DATE: |