**RESPONSE FORM TO THE ACTION LETTER**

**FOR POST-APPROVAL REPORTS**

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| **DATE SUBMITTED** | Click or tap to enter a date. | **FIERC PROTOCOL CODE** | Click or tap here to enter text. |

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| **PROTOCOL TITLE** | Click or tap here to enter text. |

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| **PRINCIPAL INVESTIGATOR** | Click or tap here to enter text. | **INSTITUTION / DIVISION** | Click or tap here to enter text. |

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| **FIERC Recommendations** | **Principal Investigator’s Response** | **Were the recommendations met (Yes / No)? Please explain** *(To be filled out by the Primary* ***Reviewer)*** |
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| **Principal Investigator’s Signature over Printed Name / Date (DD/MMMM/YYYY)** |

***To be filled-out by FIERC***

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| **RECOMMENDED ACTION** | **JUSTIFICATION FOR RECOMMENDED ACTION:** |
| * **Approve** * **Minor Revisions Required** * **Major Revisions Required** * **Disapprove** |  |

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| **SUMMARY OF RECOMMENDATIONS:** |
| **1.**  **2.**  **3.**  **4.**  **5.** |

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| **REVIEWER:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name | **DATE REVIEWED:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (DD – MONTH – YYYY) |