**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) |