**REVIEW OF RESUBMITTED PROTOCOL FORM**

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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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| **TOTAL PARTICIPANTS:** | Click or tap here to enter text. | **2ND REVIEW** | **3RD REVIEW** | Click or tap here to enter text.**\_\_\_REVIEW** |

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| **INITIAL REVIEW DATE:** | Click or tap to enter a date. | **LAST DATE REVIEWED** | Click or tap to enter a date. |

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| **REVIEW OF RESUBMITTED PROTOCO FORM** |

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| **RECOMMENDATIONS FROM THE LAST REVIEW:** | **PRINCIPAL INVESTIGATOR’S RESPONSE**  *(Indicate Page and Paragraph where it is found)* | **Were the recommendations met (Yes / No)? Please Explain** *(To be filled out by the* ***Primary Reviewer****)* |
| 1. **PROTOCOL RELATED ISSUES:** | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **ETHICAL RELATED ISSUES:** | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **INFORMED CONSENT RELATED ISSUES:** | Click or tap here to enter text. | Click or tap here to enter text. |
| ***To be filled-out by FIERC***   |  |  | | --- | --- | | **RECOMMENDED ACTION**  **APPROVE**  **MINOR REVISIONS REQUIRED**  **MAJOR REVISIONS REQUIRED**  **DISAPPROVE** | **JUSTIFICATION FOR RECOMMENDED ACTION:** |  |  | | --- | | **SUMMARY OF RECOMMENDATIONS:**  **1.**  **2.**  **3.**  **4.**  **5.** |  |  |  | | --- | --- | | **PRIMARY REVIEWER:**  Click or tap here to enter text.  **Signature over Printed Name** | Click or tap to enter a date.  **Date:** | | | |