



### NKTIREC FORM 3.8: REVIEW OF RESUBMITTED PROTOCOL

NKTIREC Code:	Date of Initial Submission: <dd/mm/yyyy>				
Study Protocol Title:					
Resubmitted protocol Submission Date:	<dd/mm/yyyy>				
Total Participants:	<input type="checkbox"/> 2 <sup>nd</sup> Review <input type="checkbox"/> 3 <sup>rd</sup> Review				
Principal Investigator: <Title, Name, Surname>				Tel.:	
Initial Review Date: <dd/mm/yyyy>		Last Review Date: <dd/mm/yyyy>			
<b>To be filled out by the PI</b>  (Instructions: Fill-out the column with recommendations found in the Notification of REC Decision Letter [NKTIREC FORM 3.5]. Indicate whether the specified recommendation is addressed by your study protocol. Also indicate any changes made that were not part of the initial review. To facilitate the evaluation of the recommendations, indicate the page and paragraph where this information can be found.)			<b>To be filled out by the Primary Reviewer</b>  Instructions: Please evaluate how the recommendations outlined below have been appropriately addressed by the study protocol, as applicable. Finalize your review by indicating your conclusions under "RECOMMENDED ACTION" and signing in space provided for the primary reviewer.		
Recommendations from last review:	Indicate if the study protocol addressed the recommendations		Page and paragraph where it is found		Were the recommendations met (Yes/No)?
	YES	N/A			YES
1. Address protocol-related issues:					
1.1.					
1.2.					
2. Address informed consent-related issues:					
2.1.					
2.2.					



3. Changes that were not part of the initial review:  3.1.  3.2						
<b>RECOMMENDATION OF PRIMARY REVIEWER:</b>  <input type="checkbox"/> APPROVE  <input type="checkbox"/> MINOR MODIFICATION  <input type="checkbox"/> MAJOR MODIFICATION  <input type="checkbox"/> DISAPPROVE  <input type="checkbox"/> PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE	<b>JUSTIFICATION FOR RECOMMENDED ACTION:</b>					
<b>SUMMARY OF RECOMMENDATIONS:</b>  1.  2.  3.  4.  5.						
<b>PRIMARY REVIEWER</b>  Signature _____  Date: <dd/mm/yyyy>                      Name                      <Title, Name, Surname>						