CAHSR Control No.

**CAHSR FORM 03: RESEARCH PROPOSAL TECHNICAL REVIEW RESUBMISSION**

**Research Title: Type of Research: Number of Review:**

|  |  |
| --- | --- |
|  | Epidemiologic |
|  | Basic Research/Animal Research |
|  | Drug Development and Phase 1 Clinical Research |
|  | Research on Education |
|  | Herbal Medicine and Alternative Medicine Research |
|  | Tuberculosis |

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| --- | --- |
| *✓* | 1st Review |
|  | 2nd Review |
|  | 3rd Review |

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**Classification of Principal Investigator**

*(Please put a check (✓) on the appropriate box)*

Principal Investigator: **DLSMHSI**

Affiliation: Faculty

Contact No. Academic Support Personnel

E-mail Address: Non-Teaching Staff

Co - Investigator: Graduate Student

Affiliation: Undergraduate Student

**Non - DLSMHSI**

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| --- |
| Initial Review Date: *<dd/mm/yy>* |
| Research proposal resubmission date: *<dd/mm/yy>* |
| Last Review Date: *<dd/mm/yy>* |
| Version Number, Date: |

|  |  |  |
| --- | --- | --- |
| **List of TR comments & recommendations from last review** | **Actions**  *(Researcher)* | **Reference**  *(Page/Section)* |
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| --- | --- |
| **Were all the recommendations addressed?**  YES  NO  *(explain/comment)* | |
| **TRC RECOMMENDATION** | **Justification for the Recommendation** |
| Approved  Conditionally Approved with Minor Revision  Conditionally Approved with Major Revision  Disapproved  Suggestion: Consultation *(optional)* |  |
| Reviewer  Chair  Member 1  Member 2 | *Reviewer’s Signature Over Printed Name Date* |

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_