CAHSR Control No. **\_\_\_\_\_\_\_\_\_\_\_\_**

**CAHSR FORM 05: RESEARCH PROPOSAL TECHNICAL REVIEW RESULT FORM**

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

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

1. **SUMMARY OF COMMENTS / ACTIONS**

|  |  |  |
| --- | --- | --- |
| **Comments**  *(Technical Reviewers)* | **Actions**  *(Researcher)* | **Reference**  *(Page/Section)* |
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1. **GENERAL RECOMMENDATION**

|  |  |
| --- | --- |
|  | Approved with no revisions |
|  | Conditionally Approved with minor revisions |
|  | Conditionally approved with major revisions *(for re-evaluation)* |
|  | Disapproved |

Suggestion: Consultation *(optional)*

**ENDORSEMENT AND APPROVAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approved by:** |  | **Endorsed by:** |  |  |
|  |  |  |  |  |
| *Technical Review Chairman/Date*  *(Signature over printed name)* |  | *Associate Director, CAHSR/Date*  *(Signature over printed name)* |  |  |

Note: Please submit revised protocol on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Only if applicable)*.

*(Please indicate version and date of version in resubmitted document footer)*