



**NATIONAL CENTER FOR MENTAL HEALTH  
RESEARCH ETHICS COMMITTEE**

**FORM 2.5  
PROTOCOL RESUBMISSION**  
(For Initial and Continuing Review)

Version no. 7

June 19, 2023

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Submission Date \_\_\_\_\_

**Document to be revised**

Protocol  Informed Consent

To (Name of Principal Investigator) \_\_\_\_\_

Contact Number \_\_\_\_\_

Protocol Title \_\_\_\_\_

REC Protocol No. \_\_\_\_\_

Sponsor Protocol No. \_\_\_\_\_

Protocol Version No. / Date \_\_\_\_\_

ICF Version No. / Date \_\_\_\_\_

Advertisement  Composition of Research Team  
 Other documents received for review (e.g. advertisements for recruitment, survey tools, questionnaires, etc.):  
\_\_\_\_\_

This is to inform you of the NCMH-REC decision related to the documents you have submitted:

<b>REC RECOMMENDATIONS</b> (Indicated in Notification letter Form 3.10 you received)	<b>PRINCIPAL INVESTIGATOR'S REVISIONS</b>	<b>PAGE NO.</b>	<b>REVIEWER'S COMMENT</b> (REC use only)
Protocol			
Informed Consent			
Others			

**Indicate the changes made - highlight/underline - (include the page numbers) in the revised document  
Please submit the revised documents within fifteen days (15) from receipt of this notice.**



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**FOR NCMH-REC USE ONLY** *the below portion*

Type of Review	REC Decision
<input type="checkbox"/> Expedited	<input type="checkbox"/> Approve
<input type="checkbox"/> Full Board	<input type="checkbox"/> Minor revisions required
	<input type="checkbox"/> Major revisions required
	<input type="checkbox"/> More information required
	<input type="checkbox"/> Others

Signature above printed name of Primary Reviewer	Date
<b>Maurice L. Sañosa, MD, FPCGM</b> Signature above printed name of NCMH-REC Chairperson	Date