

Annexure 10
Decision Form

Date of IEC meeting:

Protocol number:

IEC Protocol No. and Title:	
Principal Investigator:	Department:
Final Decision at the meeting:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Resubmission <input type="checkbox"/> Disapproved <input type="checkbox"/> Reviewed at the Full Board meeting <input type="checkbox"/> Review by any 2 / more IEC members <input type="checkbox"/> Monitoring required Reason: _____
	Disapproved, Reasons

No.	Names of Members present	AP	AM	RS	DA	Signature

Note: AP: Approved; AM: Approved with modification [(either primary reviewer/full board) if reviewed by full board again a decision form has to be filled; RS: Resubmission; DA: Disapproved.

Comments:

No. of members voting for the decision:

No. of members voting against the decision: No. of members abstaining from voting:

Signature of Chairperson _____

Date: _____

