

**CHONG HUA HOSPITAL**

Healing with Passion. Caring with Compassion.

**DOCUMENT RECEIPT  
FORM**

Form HRP-IRB-011

<b>Received Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			
<b>Protocol Number:</b>		<b>Sponsor</b> (if applicable):	<b>Submission Date:</b>
<b>Type of Submission:</b>	<input type="checkbox"/> Initial Review <input type="checkbox"/> Resubmission for re-review <input type="checkbox"/> Protocol Amendments		
<input type="checkbox"/> Continuing Review of Approved Protocols <input type="checkbox"/> Protocol Termination			
<b>Protocol Title:</b>     			
<b>Principal Investigator:</b>			
<b>Sub-Investigator:</b>			
<b>Telephone number/s:</b>			
<b>Fax:</b>			
<b>E-mail:</b>		<b>Preferred Contact:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	
<b>Institutional affiliation:</b>		<input type="checkbox"/> Active Staff <input type="checkbox"/> Visiting Staff	
<b>Department affiliated:</b>			
<b>Delivery route:</b>		<input type="checkbox"/> Post <input type="checkbox"/> E-submission <input type="checkbox"/> in Person	
<b>Documents submitted:</b>		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete, will submit on.....	
<b>Documents to be submitted later :</b>		<input type="checkbox"/> information for subjects <input type="checkbox"/> informed consent form <input type="checkbox"/> case report forms (CRF) <input type="checkbox"/> study budget <input type="checkbox"/> investigator's brochure <input type="checkbox"/> others _____	
		Check what documents are received later on. <input type="checkbox"/> information for subjects <input type="checkbox"/> informed consent form <input type="checkbox"/> case report forms (CRF) <input type="checkbox"/> study budget <input type="checkbox"/> investigator's brochure <input type="checkbox"/> others _____	
<b>FOR IRB ONLY</b>			
<b>Received by:</b>		<b>Date received:</b>	
  _____			
[Name and Signature]			
<b>Name of Primary Reviewer/s:</b> _____			
 _____			
<b>Type of Review Scheduled:</b>		<input type="checkbox"/> Expedited <input type="checkbox"/> Full Board	
<b>Designating Officer:</b>		<b>Date Signed:</b>	
  _____			
Chair/IEC/IRB			

*Note: Please keep the duplicate copy of the form and submit the original with the package upon submission.*