Form 23.2 Provisional Agenda of the Expedited Review Meeting

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***PROVISIONAL AGENDA OF THE EXPEDITED REVIEW MEETING***

Date:

TO: *(name of members) (agency)*

Date of Meeting:

Time of Meeting:

Venue of Meeting:

AGENDA

1. **PROTOCOL REVIEW**

**(Note: All Protocol Reviews should include the protocol number, title, PI, and Institution**

1.1 New Protocols

1.2. Review of Protocol Resubmissions (None)

1.3. Protocol Amendments (None)

1.4. Progress Report (None)

1.5. Protocol Deviations / Violations (None)

1.6. Continuing Review (None)

1.7. Final Report

1. **OTHER MATTERS**

 2.1

Your personal presence is requested.

Thank you.

Prepared by:

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Staff Secretary, EVHRDC-Ethics Review Committee

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair, EVHRDC-Ethics Review Committee