### Form 03.1-02-v001.0

**Document Receipt Form**

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| --- | --- | --- | --- |
| Research Registration Number: |  ⬜⬜⬜ / ⬜⬜ - ⬜⬜ | Submitted date: |  |
| Type of Submission: | ⬜ Initial Review⬜ Resubmission for re-review⬜ Protocol Amendments | ⬜ Continuing Review of Approved Protocols⬜ Protocol Termination |
| Protocol Title: |  |
| Principal Investigator: |  |
| Contact Number/s: |  | Fax : |  |
| E-mail: |  | Preferred Contact | ⬜ Phone ⬜ Fax ⬜ e-mail |
| Institute: |  |
| Delivery route: | ⬜ Post ⬜ E-submission ⬜ in Person |
| Documents submitted:  | ⬜ complete ⬜ incomplete, will submit on…………... |
| Documents to be submitted later : | 🗖 information for subjects 🗖 informed consent form 🗖 case report forms (CRF)🗖 recruitment materials🗖 study budget 🗖 investigator’s brochure🗖 others…………………… | Check what documents are received later on.🗖 information for subjects 🗖 informed consent form 🗖 case report forms (CRF)🗖 recruitment materials🗖 study budget 🗖 investigator’s brochure🗖 others…………………… |
| Received by: | Name | Signature |
| Date received: |  |  |

***Note:*** *Please bring this receipt with you when contacting the UP-CPH ERC.*