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| --- | --- |
| **For JKEP UUM Secretariat Purposes Only** | |
| **Protocol Code** | **UUM/JKEP/** |
| **Is the submission complete?** |  |
| **Completeness Verified By** |  |
| **Date of Verification** |  |

**REVIEW CHECKLIST (To be filled by Principal Investigator [PI])**

|  |  |
| --- | --- |
| **STUDY PROTOCOL INFORMATION** | |
| **Study Protocol Title:** |  |
| **Principal Investigator:** |  |
| **Study Protocol Submission Date:** |  |

\*Please note that:

* Applicants are required to submit softcopy and one (1) set of original copy.

**Compulsory documents (Please tick [√] in the boxes if it is available in the submission packages).**

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Meeting Validation Questionnaire Template



**Study-specific Documents (if applicable)**









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**For Clinical Trial (if applicable)**





























**\*Additional notes (if any) with regards to this application – to be filled by the Secretariat Staff:**

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***Untuk kegunaan Setiausaha JKEP UUMsahaja:***

***(For Secretary of JKEP UUMPurposes Only)***

Permohonan ini akan dibincangkan dalam mesyuarat:

(This application will be discussed in the meeting of):

**[ ] Expedited Review Meeting [ ] Full Board Review Meeting**

**Penilai Pertama (Primary Reviewers): Penilai Pertama (Primary Reviewers):**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | **1** |  |
| 2 |  | **2** |  |
|  |  | **3** |  |
|  |  | **4** |  |
|  |  | **5** |  |

Tandatangan Pengerusi/Timbalan Pengerusi Tarikh:

(Signature of Chairperson/Deputy Chairperson) (Date)