

**MedStar Research Institute-Georgetown University IRB
Amendment / Continuing Review Comments**

Investigator:		Reviewer:	
Title of Protocol:			

Recommendation (check one):
<input type="checkbox"/> Approve as submitted <input type="checkbox"/> Approvable pending minor changes <input type="checkbox"/> Defer until next meeting * <input type="checkbox"/> Disapprove * * For deferral or disapproval , list reasons below .

Changes, Modifications, Clarifications

In the space below, please list any changes, modifications, or clarifications required to the research protocol, informed consent form, or IRB application. If the research is to be deferred or disapproved, please also provide a brief explanation.
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