

Annexure D

INSTITUTIONAL HUMAN ETHICS REVIEW BOARD Central University of Tamil Nadu Thiruvarur-610101

Name of the Ethics Committee: **IHERB-CUTN** IHERB Ref. No.....

Title of the Proposal:

Funding Agency:

Name & Address of the PI:

Name & Address of the Co-PI:

FOR OFFICIAL USE

The following item [] have been received and reviewed in connection with the above study to be conducted by the above investigator.

- Cover letter
- Study Protocol application as per the IHERB-CUTN format
- Patient Information Sheet
- Patient Consent Form
- Summary of Change Document (in case of a revision)

And have been;

- Approved
- Conditionally approved (identify item and specify modification below or in accompanying letter)
- Rejected (identify item and specify reasons below or in accompanying letter)

Comments:

Date of the decision:

Member Secretary
IHERB-CUTN