

ESI Institute of Pain Management

**Communication of Decision of the Institutional Ethics Committee(IEC)/  
Institutional Review Board(IRB)**

IEC/IRB No:

Protocol title:
Principal Investigator:
Name & Address of Institution:
<input type="checkbox"/> New review <input type="checkbox"/> Revised review <input type="checkbox"/> Expedited review
Date of review (D/M/Y): Date of previous review, if revised application:
Decision of the IEC/ IRB: <input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with suggestions <input type="checkbox"/> Revision <input type="checkbox"/> Rejected
Suggestions/ Reasons/ Remarks:
Recommended for a period of :

**Please note \***

- **Inform IEC/IRB immediately in case of any Adverse events and Serious adverse events.**
- **Inform IEC/IRB in case of any change of study procedure, site and investigator**
- **This permission is only for period mentioned above. Annual report to be submitted to IEC/IRB.**
- **Members of IEC/IRB have right to monitor the trial with prior intimation.**

Signature of Member Secretary / Chairperson  
IEC/IRB