



**B I C O L U N I V E R S I T Y**  
**College of Medicine**  
Institutional Review Board



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**PROTOCOL SUMMARY SHEET (FORM 2.2)**

|                                      |                |
|--------------------------------------|----------------|
| <b>IRB Protocol No:</b>              | <b>Title</b>   |
|                                      |                |
| <b>Principal Investigator</b>        | <b>Sponsor</b> |
|                                      |                |
| <b>Rationale</b>                     |                |
| <b>Objectives</b>                    |                |
| <b>Study Design/<br/>Methodology</b> |                |
| <b>Inclusion Criteria</b>            |                |
| <b>Exclusion Criteria</b>            |                |
| <b>Data Analysis Plan</b>            |                |
| <b>Study Outcomes</b>                |                |