**Results of Peer Review by** **(Insert your Department)Research Committee**

**Date:**

**Title:**

**Status of Project:** [ ]  Initial Proposal [ ]  Revised Proposal [ ]  Manuscript for publication

**Faculty Investigator(s):**

**Resident Investigator(s):**

Hypothesis/Purpose:

**General Comments**:

*
*
*
*

**Summary Review Result**:

[ ]  Approved as written for submission to UTCOMC SRC &/or IRB

[ ]  Minor revisions required prior to UTCOMC SRC/IRB submission

[ ]  Revisions required with re-review by Research Committee

[ ]  Disapproved, no re-review of this project

     Research Committee on(date)

List committee members:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Approval