**Instructions: Please fill in this form and submit to MRCZ within 2 weeks of receipt of comments from the MRCZ**

**Include the following:**

1. **Cover Letter**
2. **Response to MRCZ comments table (below)**

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| --- | --- | --- | --- |
| **Study Title :** | | | **MRCZ Ref Number :** |
| **Principal Investigator :** | | **Contact Person and telephone number :** | |
| **MRCZ Comment** | **Original Section/sentence** | **Changed section/sentence**  (Indicate where in the original document the changes have been made) | |
| **Eg:** ICF does not mention reimbursements | The participants will be requested to report to the clinic twice a month for routine tests. | The participants will be requested to report to the clinic twice a month for routine tests. They will be reimbursed a minimum of $10 for transport costs incurred.  **Page 1 of ICF English Version Paragraph 2**  **Page 45 of Protocol Version 3.2 Paragraph 6** | |
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