**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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