



## ETHICS REVIEW COMMITTEE

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MBBS, MSc, MD Med. Admin.(Col.)

Dr. Hasani Amarathunga

MBBS (Pera)

Date:

Address of Applicant:

Dear (Name of PI),

Application No.

Title: (Research title)

Ethics Review Committee reviewed your application and arrived at following Decision at the meeting held on (Date);

1. Approved
2. Minor corrections required
3. Major corrections required
4. Rejected

The summary of reviewer comments/suggestions are attached.

Thank you,

Yours sincerely,

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Dr. (Name),  
Secretary-ERC,  
FOM-SUSL