**Title of Meeting:**

**Date:**

**Time:**

**Venue:**

**ATTENDANCE**

|  |  |
| --- | --- |
| **Position** | **Name** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **AGENDA OF THE MEETING**
2. Call to Order
3. Declaration of Quorum
4. Declaration of Conflict of Interest
5. Approval of the Provisional Agenda
6. Review of Minutes of the Previous Meeting
7. Business Arising from the Minutes of the Last Meeting
8. New Business
9. Protocol Review

8.1 Full Review

 8.1.**1 New Protocol**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Submission Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal investigator |  |
| Type of review |  |
| Primary reviewers |  |
| Technical Review  |  |
| Funding Agency/CRO |  |
| Study site |  |
| Quorum status |  |
| Conflict of interest |  |
| Assessment of scientific soundness | * 1. **Objectives**
	2. **Literature review**
	3. **Research design**
	4. **Sampling design**
	5. **Sample size**
	6. **Statistical analysis plan (SAP)**
	7. **Data analysis plan**
 |
| Assessment and Discussion of ethical issues | 1. **Conflict of Interest**
2. **Privacy and confidentiality**
3. **Vulnerability**
4. **Recruitment**
5. **Assent**
6. **Risks**
7. **Benefits**
8. **Incentive or Compensation**
9. **Community Considerations**
10. **Documentation of collaborative study and TOR**
 |
| Assessment of informed consent issues | 1. **Informed consent process and recruitment:**
2. **Informed Consent Form (ICF) (including translation)**
 |
| Summary of discussion |  |
| Recommendations |  |
| Action taken | **Decision** * Approve 🞎 Disapprove
* Major Modification 🞎 Pending, Clarification needed
* Minor Modification
 |
| Approval expiration date (if applicable) |  |
| Frequency of continuing review (in case of approval |  |

**8.1.2 Protocols for Modification**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Resubmission Date | <dd/mm/yyyy> |
| Study Protocol Initial Submission Date |  |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Technical Review  |  |
| Funding Agency/CRO |  |
| Study site |  |
| Quorum status |  |
| Conflict of Interest |  |
| ***Assessment of PI response to initial review*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** * Approve 🞎 Disapprove
* Major Modification 🞎 Pending, Clarification needed
* Minor Modification

  |
| Approval expiration date (if applicable) |  |
| Frequency of continuing review (in case of approval |  |

**8.1.3 Protocols for Clarificatory Interview**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Submission Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Technical Review |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of PI responses to Panel queries*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** (Decisions are based on the PELI- IRB assessment of the PI’s response to their queries.) |

**8.1.4 Progress Report**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy> <dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of progress reported*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** **🞎** Take note and no further action required 🞎 Request information 🞎 Recommend further action🞎 Pending, Clarification needed |

**8.1.5 Continuing Review**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity |  |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of progress reported*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** 🞎 Uphold original approval with no further action🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed🞎 Disapproved |

**8.1.6 Protocol Amendment**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of amendment requested*** | **1. Effect of amendment on feasibility of the study****2. Effect of amendment on safety and well-being of subjects** **3. Effect of amendment on overall risk-benefit ratio** |
| Conclusion and recommendations |  |
| Action taken | **Decision** 🞎 Approve🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed |

**8.1.7 Protocol Deviations/Violations and Non-compliance**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of Non-Compliance Report:*** | 1. **Description of reported deviation**
2. **Nature of report**
3. **Description of investigator preventive action**
4. **Description of investigator corrective action**
5. **Description of sponsor corrective action**

**Over-all assessment, including whether noncompliance have potentially serious consequences that could critically affect data integrity or put patients’ safety at risk** |
| Conclusion and recommendations |  |
| Action taken | **Decision** **🞎** Take note and no further action required🞎 Request further information🞎 Request an amendment to the protocol🞎 Request an amendment to the informed consent form 🞎 Suspend or terminate the study 🞎 Pending, Clarification needed |

**8.1.8 SAE/SUSARS**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of reported SAE::*** | Suspected Drug |  |
| Patient no |  |
| Report Date |  |
| Date of SAE |  |
| Date of 1st use |  |
| Duration of Therapy |  |
| Age |  |
| Sex |  |
| Country |  |
| Nature of SAE | <Patient died, Involved or prolonged inpatient hospitalization, involved persistence or significant disability or incapacity, life threatening |
| Summary description of the SAE |  |
| Co-morbidities |  |
| Reaction abated after stopping drug | <Yes/No/NA> |
| Reaction appeared after reintroduction | <Yes/No/NA> |
| Treatment of SAE |  |
| Status |  |
| Country |  |
| Causality assessment | <Certain, Probable, Possible, Unlikely, Conditional, Unclassifiable> |
| Reason/Comment |  |
|  | Adequacy of Treatment of SAE |  |
| Conclusion and recommendations |  |
| Action taken | **Decision Points** 🞎 Take note and no further action required🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed |

**8.1.9 EARLY STUDY TERMINATION**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of risks from early termination*** | 1. **Current participants being enrolled and might be affected**
2. **Summary of results to date**
3. **Reason for termination with justifications**

**Over-all assessment, including implication of the report on the rights, safety, and welfare of the study participants, including adapting specific provisions for continued protection and dissemination of specific information to the study participants** |
| Conclusion and recommendations |  |
| Action taken | **Decision** 🞎 Approve with no further action🞎 Request information🞎 Recommend further action |

**8.1.10 SITE VISIT**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of Site Visit Report*** | 1. **Details on the site visit conducted (i.e. when, where, team composition, reason for site visit)**
2. **Overall assessment, including the implications of results of the Site Visit on the rights, safety, and welfare of the study participants; and overall determination of protocol compliance in the study site.**
 |
| Conclusion and recommendations |  |
| Action taken | **Decision Points** **🞎** Take note and no further action required🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed |

* 1. **REPORT OF PROTOCOL SUBMISSIONS CLASSIFIED AS EXEMPTED FROM ETHICAL REVIEW**

8.2.1 **Protocols Exempted from Ethical Review**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Submission Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Technical Review |  |
| Funding Agency/CRO |  |
| Time allotment |  |
| Date of Action  |  |

**8.3 EXPEDITED REVIEW**

8.3.1 New Protocol

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Submission Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal investigator |  |
| Type of review |  |
| Primary reviewers |  |
| Technical Review  |  |
| Funding Agency/CRO |  |
| Study site |  |
| Quorum status |  |
| Conflict of interest |  |
| Assessment of scientific soundness |  |
| Assessment of ethical issues |  |
| Assessment of informed consent issues | 1. **Informed consent process and recruitment:**
2. **Informed Consent Form (ICF) (including translation)**
 |
| Conclusion and recommendations |  |
| Action taken | **Decision Decision** * Approve 🞎 Disapprove
* Major Modification 🞎 Pending, Clarification needed

 🞎 Minor Modification |
| Approval expiration date (if applicable) |  |
| Frequency of continuing review (in case of approval |  |

**8.3.2 Protocols for Modification**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Resubmission Date | <dd/mm/yyyy> |
| Study Protocol Initial Submission Date |  |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Technical Review  |  |
| Funding Agency/CRO |  |
| Study site |  |
| Quorum status |  |
| Conflict of Interest |  |
| ***Assessment of PI response to initial review*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** * Approve 🞎 Disapprove
* Major Modification 🞎 Pending, Clarification needed
* Minor Modification
 |
| Approval expiration date (if applicable) |  |
| Frequency of continuing review (in case of approval |  |

**8.3.3 Protocols for Clarificatory Interview**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Study Protocol Submission Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Technical Review |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of PI responses to Panel queries*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** (Decisions are based on the PELI- IRB assessment of the PI’s response to their queries.) |

**8.3.4 Progress Report**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy> <dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of progress reported*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** **🞎** Take note and no further action required 🞎 Request information 🞎 Recommend further action🞎 Pending, Clarification needed |

**8.3.5 Continuing Review**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity |  |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of progress reported*** |  |
| Conclusion and recommendations |  |
| Action taken | **Decision** 🞎 Uphold original approval with no further action🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed🞎 Disapproved |

**8.3.6 Protocol Amendment**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of amendment requested*** | **1. Effect of amendment on feasibility of the study****2. Effect of amendment on safety and well-being of subjects** **3.Effect of amendment on overall risk-benefit ratio** |
| Conclusion and recommendations |  |
| Action taken | **Decision** 🞎 Approve🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed |

**8.3.7 Protocol Deviations/Violations and Non-compliance**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of Non-Compliance Report:*** | * **Description of reported deviation**
* **Nature of report**
* **Description of investigator preventive action**
* **Description of investigator corrective action**
* **Description of sponsor corrective action**
* **Over-all assessment, including whether noncompliance have potentially serious consequences that could critically affect data integrity or put patients’ safety at risk**
 |
| Conclusion and recommendations |  |
| Action taken | **Decision** **🞎** Take note and no further action required🞎 Request further information🞎 Request an amendment to the protocol🞎 Request an amendment to the informed consent form 🞎 Suspend or terminate the study 🞎 Pending, Clarification needed |

**8.3.8 SAE/SUSARS**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of reported SAE::*** | Suspected Drug |  |
| Patient no |  |
| Report Date |  |
| Date of SAE |  |
| Date of 1st use |  |
| Duration of Therapy |  |
| Age |  |
| Sex |  |
| Country |  |
| Nature of SAE | <Patient died, Involved or prolonged inpatient hospitalization, involved persistence or significant disability or incapacity, life threatening |
| Summary description of the SAE |  |
| Co-morbidities |  |
| Reaction abated after stopping drug | <Yes/No/NA> |
| Reaction appeared after reintroduction | <Yes/No/NA> |
| Treatment of SAE |  |
| Status |  |
| Country |  |
| Causality assessment | <Certain, Probable, Possible, Unlikely, Conditional, Unclassifiable> |
| Reason/Comment |  |
|  | Adequacy of Treatment of SAE |  |
| Conclusion and recommendations |  |
| Action taken | **Decision Points** 🞎 Take note and no further action required🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed |

**8.3.9 EARLY STUDY TERMINATION**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of risks from early termination*** | * **Current participants being enrolled and might be affected**
* **Summary of results to date**
* **Reason for termination with justifications**
* **Over-all assessment, including implication of the report on the rights, safety, and welfare of the study participants, including adapting specific provisions for continued protection and dissemination of specific information to the study participants**
 |
| Conclusion and recommendations |  |
| Action taken | **Decision** 🞎 Approve with no further action🞎 Request information🞎 Recommend further action |

**8.3.10 SITE VISIT**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| ***Assessment of Site Visit Report*** | * **Details on the site visit conducted (i.e. when, where, team composition, reason for site visit)**
* **Overall assessment, including the implications of results of the Site Visit on the rights, safety, and welfare of the study participants; and overall determination of protocol compliance in the study site.**
 |
| Conclusion and recommendations |  |
| Action taken | **Decision Points** **🞎** Take note and no further action required🞎 Request information🞎 Recommend further action🞎 Pending, Clarification needed |

1. **QUERIES/COMPLAINTS**

|  |  |
| --- | --- |
| PELI-IRB Code |  |
| Initial Approval Date | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval: | <dd/mm/yyyy> |
| Validity | <dd/mm/yyyy><dd/mm/yyyy> |
| Version and date of latest approved protocol: | <Version #> <dd/mm/yyyy> |
| Version and date of latest approved ICF: | <Version #> <dd/mm/yyyy> |
| Application Date | <dd/mm/yyyy> |
| Study Protocol Title |  |
| Principal Investigator |  |
| Type of Review |  |
| Primary Reviewers |  |
| Funding Agency/CRO |  |
| Quorum status |  |
| Conflict of Interest: |  |
| Assessment of query: | 1. Type of query
2. Effect of query on safety and well-being of subjects
3. Effect on overall risk-benefit ratio
 |
| Conclusion and recommendations |  |
| Action taken | Decision (No further action, Request information, Recommend further action, Pending, if major clarifications are required before a decision can be made) |
| Assessment of complaint: | 1. Type of complaint
2. Effect of complaint on safety and well-being of subjects
3. Effect on overall risk-benefit ratio
 |
| Conclusion and recommendations |  |
| Action taken | Decision 🞎No further action🞎Request information🞎Recommend further action🞎Pending,Clarification needed |

1. OTHER MATTERS
2. ADJOURNMENT

Meeting was adjourned at **<time>.**

1. Next Full Board Meeting

<Date, Time and Venue>

Prepared by: Approved by:

Signature over Name Signature over Name

Member Secretary Chair

Date: Date: