<dd/mm/yyyy>

**<NAME OF PI>**

Principal Investigator

<Institution/Affiliation>

<Address>

**Re: <Study Protocol Title> <Study Protocol Code>**

Dear **<TITLE OF PI> <SURNAME>**:

We wish to inform you that the **Peregrine Eye and Laser Institute-Institutional Review Board** acknowledged receipt of <*Continuing Review Application/Final Report/Study Protocol Non-Compliance Record/SAE Report/Site Visit Report>* dated <date of document>.

Upon review of <Continuing Review Application Form/Study Protocol Deviation Record/Adverse Event Report Form/Site Visit Report Form> and <submitted document/s>, Panel action is **UPHOLD ORIGINAL APPROVAL WITH NO FURTHER ACTION**. The report is noted and has been included in the protocol file.

Thank you for your continuing compliance with the requirements of the **PELI-IRB.**

Very truly yours,

**<NAME OF CHAIR>**

Chair, PELI-IRB