



**SIDCER-ERCAP Survey Form 16: Meeting Minutes**  
Version 3.0, 30 April 2020

<b>EC Name</b>			
<b>Survey Date</b>		<b>Group</b>	

Meeting Number and Date	Number of Members Present	Quorum met?	Was the order of Meeting Minutes in accordance with the Agenda?	If applicable, was COI identified? How was it managed?	Number of protocols for initial review? What type of protocol?	Issues clearly described in the Meeting Minutes?	How many protocols required revision? Disapproved?	If modifications were required, were these stated in the Meeting Minutes?	Number of expedited protocols reported?	Were post-approval reports included in the Meeting Minutes? What type of report?	Comments
	Total: MD: Science: Non-Sci: Affiliated: Non-Aff: Male: Female:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO  Reason:		Total:  Sponsored: PI-initiated:  Intervention: Observation:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Total:  Minor: Major:  Disapproved:	<input type="checkbox"/> YES  <input type="checkbox"/> NO		<input type="checkbox"/> YES  <input type="checkbox"/> NO  Type(s):	
	Total: MD: Science: Non-Sci: Affiliated: Non-Aff: Male: Female:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO  Reason:		Total:  Sponsored: PI-initiated:  Intervention: Observation:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Total:  Minor: Major:  Disapproved:	<input type="checkbox"/> YES  <input type="checkbox"/> NO		<input type="checkbox"/> YES  <input type="checkbox"/> NO  Type(s):	
	Total: MD: Science: Non-Sci: Affiliated: Non-Aff: Male: Female:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO  Reason:		Total:  Sponsored: PI-initiated:  Intervention: Observation:	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Total:  Minor: Major:  Disapproved:	<input type="checkbox"/> YES  <input type="checkbox"/> NO		<input type="checkbox"/> YES  <input type="checkbox"/> NO  Type(s):	



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OTHER COMMENTS AND SUMMARY
OTHER COMMENTS
GOOD PRACTICES
RECOMMENDATIONS