

ERC Form 4I: Queries or Complaint

UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.

Aurora Boulevard, Quezon City



Research Institute for Health Sciences



ETHICS REVIEW COMMITTEE

QUERIES OR COMPLAINTS

INSTRUCTIONS: *This form can be accomplished by any RIHS ERC personnel who receive queries, complaints, or grievances pertaining to any study protocol under the responsibility of the RIHS ERC. Information reported in this form is processed as a protocol-related submission. This form should be printed in A4 size paper and duly signed by the personnel accomplishing this report.*

RIHS ERC CODE: <i>(only for PI, for subjects of research please leave them blank)</i>		
STUDY PROTOCOL TITLE:		
APPROVAL DATE:		
PRINCIPAL INVESTIGATOR:		
Email:	Telephone:	Mobile:
STUDY SITE:		
STUDY SITE ADDRESS:		
DATE RECEIVED:		
1. RECEIVED BY (RIHS ERC Personnel):		
2. REQUEST DELIVERED THROUGH:		
2.1. <input type="checkbox"/> Telephone		
2.2. <input type="checkbox"/> Fax No		
2.3. <input type="checkbox"/> Mailed letter dated:		
2.4. <input type="checkbox"/> E-mail dated:		
2.5. <input type="checkbox"/> Walk-in (indicate date/time)		
2.6. <input type="checkbox"/> Other, specify:		
3. PERSON LODGING THE QUERY OR COMPLAINT		
3.1. Name:		
3.2. Address:		

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3.3. Telephone: 3.4. Mobile: 3.5. Email:
4. CONNECTION/RELATION OF PERSON TO THE STUDY PROTOCOL 4.1. Study participant: 4.2. Other: <specify>
5. PARTICIPANT CONCERNS 5.1. <input type="checkbox"/> Query (specify) 5.2. <input type="checkbox"/> Complaint (specify) 5.3. <input type="checkbox"/> Others (specify)
6. REFERRED TO 6.1. <input type="checkbox"/> Full Board Review by Panel 6.2. <input type="checkbox"/> Expedited Review at the level of the Panel Chair
7. Signature of RIHS ERC Personnel:

Comments of primary reviewer:	
RECOMMENDED ACTION: (For RIHS ERC use only) <input type="checkbox"/> UPHOLD ORIGINAL APPROVAL WITH NO FURTHER ACTION <input type="checkbox"/> REQUEST INFORMATION: (specify) <input type="checkbox"/> RECOMMEND FURTHER ACTION: (specify)	
PRIMARY REVIEWER	Signature _____
Date:	Name _____
RIHS ERC SECRETARY	Signature _____
Date:	Name _____
RIHS ERC CHAIR	Signature _____
Date:	Name _____