ST. PAUL'S HOSPITAL OF ILOILO, INC.
General Luna Street, Iloilo City 5000 Philippines
Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676
www.sphi.com.ph sphiloilo@gmail.com

QUERIES AND COMPLAINTS (FORM 4.8)

IRB Protocol No.		Date Received (D/M/Y):	
Protocol Title:		Sponsor:	
Principal Investigator:		Contact Number/ Email Address	

1. What are the Queries? What are the Complaints?

INVESTIGATOR'S ATTESTATION

I certify that the information provided in this report is complete and accurate.

_____ _____
Signature Over Printed Name of Principal Investigator Date

(IRB Use only) Received by:

_____ _____
Signature Over Printed Name Date

SECTION 2: TO BE FILLED UP BY RESPECTIVE IRB MEMBER

Type of Review

Expedited ☐ **Full Board** ☐

Reviewer's Comments:

Final Action:

( ) Take Note and No Further Action Needed
( ) Request further information
( ) Others: _____

Acknowledged by:

_____	_____	__ _____
Name of Reviewer IRB Member	**Signature**	**Date**