



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 sphililo@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