ST. PAUL'S HOSPITAL OF ILOILO, INC.
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SITE VISIT REPORT FORM (4.9)

IRB Protocol No.		Approval Date:	

Protocol Title:		Study Site:	
		Address:	

Principal Investigator:		Contact no. / Email:	
Sponsor:		Sponsor Contact Person:	
Site Visit Date:		Duration of Visit:	
No. of expected subjects:		Starting from:	
Total subjects enrolled:		Finish:	

1. Are site facilities appropriate? ☐ Yes ☐ No	Comment:
2. Are Informed Consents Recent and approved by the IRB? ☐ Yes ☐ No	Comment:
3. Any protocol non-compliance or violation? ☐ Yes ☐ No	Comment:
4. Any Adverse Events Found? ☐ Yes ☐ No	Comment:
5. Are Storage of data and investigating products are secured adequately? ☐ Yes ☐ No	Comment:
6. How well are study subjects protected? ☐ Good ☐ Fair ☐ Not Good	Comment:
7. Any Outstanding tasks or result of the visit? ☐ Yes ☐ No	Comment:
8. Are there further actions or queries resulting from this site visit? ☐ Yes ☐ No	Comment:
9. Overall, does the study site provide adequate protection for the rights, safety or welfare of study subjects? ☐ Yes ☐ No	Comment:
10. Additional Remarks	

COMPLETED BY IRB SITE VISIT TEAM MEMBER:

Name: Date:

Signature:

RECOMMENDED ACTION: (For IRB use only)

- ☐ UPHOLD ORIGINAL APPROVAL WITH NO FURTHER ACTION
- ☐ REQUEST FURTHER INFORMATION FROM THE PRINCIPAL INVESTIGATOR (specify)
- ☐ RECOMMEND FURTHER ACTION: (specify)