

**QUERIES AND COMPLAINTS (FORM 4.8)**

IRB Protocol Code: Date Received (D/M/Y):

Protocol Title: Sponsor:

 Principal Contact Number/

Investigator: Email Address

Primary Reviewers:

Source of Queries and Complaints:

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

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**SECTION 2: TO BE FILLED UP BY PRIMARY REVIEWERS**

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| --- |
|  **Type of Review**  **Expedited Full Board**  |

**Reviewer’s Response and Recommendations:**

**( ) Request for explanation/ justification from researcher**

**( ) Accept request/demand of participant**

**( ) Suspension of further recruitment**

**( ) Amendment of protocol and re-consent of participants**

**( ) Site Visit (SOP 22 Site Visit)**

**( ) Others (Designate the Primary Reviewers to meet with the complainants and**

 **the researcher (preferably separately) for clarification of issues and**

 **obtain suggestions for resolution if necessary).**

 **Decision:**

 **Acknowledged by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name and Signature of Primary Reviewers**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name and Signature of IRB Chair**

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