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| logo copy **UNIVERSITY OF SANTO TOMAS HOSPITAL**RESEARCH ETHICS COMMITTEE6th Floor St. John Macias O.P. BuildingA.H. Lacson St., Sampaloc, Manila 1015 PhilippinesTelephone: +63 2 8731-3001 local 2610Email: *usth\_irb@yahoo.com.ph*Website: *usthrec.online***UNIVERSITY OF SANTO TOMAS HOSPITAL**España Blvd., Manila   |

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| **QUERIES AND COMPLAINTS FORM** |
| **Instructions:** This form should be accomplished by any party communicating queries, notifications, and complaints or grievances for information or action by the USTH-REC. In case of communication from research subjects or participants, the USTH-REC Secretariat can encode the information on their behalf if needed. Information reported in this form is processed either as a study-protocol-related or non-study-protocol-related communication, as the case may be. For protocol-related communication, put the relevant study protocol information below; if not, put **N/A**. If necessary, a letter may be attached to this form by the sending party, but a summary of the nature of communication should still be encoded in this form to allow proper filing of communication. Submit this F21 form as a Word document and other documents as PDF files via **usthrec.online** | **Receiving Stamp/****Date of Submission:****CLICK TO ENTER TEXT.** |
| **REC Protocol Reference No.:** | **CLICK TO ENTER TEXT.** |
| **Protocol No./Title:** | Click to enter text. |
| **Name of Investigator:** | Click to enter text. |
| **Sponsor/CRO:** | Click to enter text. |
|  |
| 1. **RECEIVED BY (REC Member or Staff):**

Click to enter text. | 1. **SIGNATURE OF (REC Member or Staff):**
 |
|  | Click to enter text. |
| 1. **REQUEST DELIVERED THROUGH:**
 | * 1. Telephone call
 |[ ]  Click to enter text. |
|  | * 1. Cellphone call:
 |[ ]  Click to enter text. |
|  | 3.3 E-mail letter dated: |[ ]  Click to enter text. |
|  | 3.4 Website |[ ]  Click to enter text. |
|  | 3.5 Walk-in (indicate date/time) |[ ]  Click to enter text. |
|  |  3.6 Others, specify: |[ ]  Click to enter text. |
| 1. **PERSON LODGING THE QUERY OR COMPLAINT:**
 | * 1. Name:
 | Click to enter text. |
|  | * 1. Address:
 | Click to enter text. |
|  | * 1. Telephone:
 | Click to enter text. |
|  | * 1. Mobile:
 | Click to enter text. |
|  | * 1. Email:
 | Click to enter text. |
| 1. **CONNECTION/**

**RELATION OF PERSON TO THE STUDY PROTOCOL:** | * 1. Study participant
 |[ ]  Click to enter text. |
|  | * 1. Other: (specify)
 |[ ]  Click to enter text. |
| 1. **TYPE OF CONCERN:**
 | * 1. Query (specify)
 |[ ]  Click to enter text. |
|  | * 1. Complaint (specify)
 |[ ]  Click to enter text. |
|  | * 1. Others (specify)
 |[ ]  Click to enter text. |
| 1. **TYPE OF REVIEW:**
 | 7.1 Full Board Review  |[ ]  7.2 Expedited Review |[ ]
|  |
| **To be filled-out by the REC Primary Reviewer** |
| **Additional comments:** |
| **REC REVIEWER:** | Name & Signature:**CLICK TO ENTER TEXT.** | Review Date:   |