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| logo copy **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. Building  A.H. Lacson St., Sampaloc, Manila 1015 Philippines  Telephone: +63 2 8731-3001 local 2610  Email: [*usth\_irb@yahoo.com.ph*](mailto: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. | | | | | | | | | | |
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| 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: | |