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| logo copy*p***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 |

**SITE VISIT REPORT FORM** |
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| **Instructions to the Researcher:** The REC Site Visit Team shall conduct this action for a cause on selected sites of approved protocols that fall within the following established criteria for such: (a) high-risk studies, (b) significant violation reports (c) receipt of complaints from participants and families, (d) nonreceipt of required after-approval reports and (e) multiple studies conducted by a researcher. | **Receiving Stamp/****Date of Submission:****CLICK TO ENTER TEXT.** |
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| **REC Protocol Reference No.:** | **CLICK TO ENTER TEXT.** |
| **Protocol No./Title:** | Click to enter text. |
| **Name of Investigator:** | Click to enter text. |
| **Contact No.:** | Click to enter text. | **Email** **address:** | Click to enter text. |
| **Department:** | Click to enter text. | **Section:** | Click to enter text. |
| **Sponsor:** | Click to enter text. | **CRO:** | Click to enter text. |
| **Ethical clearance effectivity period:**Click to enter text. | **Study Site:**Click to enter text. |
| 1. Date of Initial REC Approval:
 | Click to enter text. |
| 1. Start of study:
 | Click to enter text. |
| 1. Expected end of study:
 | Click to enter text. |
| 1. Number of required participants:
 | Click to enter text. |
| 1. Number of enrolled participants:
 | Click to enter text. |
| 1. Number of randomized participants:
 | Click to enter text. |
| 1. Number of participants who completed the study:
 | Click to enter text. |
| 1. Number of participants withdrawn from the study:
 | Click to enter text. |
| 1. Number of participants who are lost to follow-up:
 | Click to enter text. |
| 1. Number of participants who experienced onsite SAEs/SUSARS:
 | Click to enter text. |
| 1. Amendments to the original protocol including dates of approval:

Click to enter text. |
| 1. Deviations from the approved protocol:
 |
| Click to enter text. |
| 1. Onsite SAE reports:

Click to enter text. |
| **PRINCIPAL INVESTIGATOR:** | Name & Signature:**CLICK TO ENTER TEXT.** | Date:   |
| **To be filled-out by the Site Visit Team** |
| 1. Reasons for site visit:
 |
| Click to enter text. |
| 1. Person/s present during visit:

Click to enter text. |
| 1. Findings:

Click to enter text. |
| 1. Recommendations:

Click to enter text. |
| **Site Visit Team Head** | Name & Signature:**CLICK TO ENTER TEXT.** | Review Date:   |
| **Member 1** | Name & Signature:**CLICK TO ENTER TEXT.** | Review Date:   |
| **Member 2** | Name & Signature:**CLICK TO ENTER TEXT.** | Review Date:   |