# Queries/Complaints

**INSTRUCTIONS: *This form should accomplished by any party communicating queries, notifications, and complaints or grievances for information or action by the PELI-IRB. In case of communication from research subjects or participants, the PELI-IRB personnel 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.***

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| **NATURE OF COMMUNICATION**   * Study-protocol-related * Non-study-protocol-related | | |
| **PELI-IRB CODE:** | | |
| **STUDY PROTOCOL TITLE:** | | |
| **PRINCIPAL INVESTIGATOR:** | | |
| **INITIAL APPROVAL DATE:** <dd/mm/yyyy> | | | |
| **DATE OF LAST CONTINUING REVIEW APPROVAL:** <dd/mm/yyyy> | | | |
| **Version and date of latest approved protocol:** | | | |
| **Version and date of latest approved ICF:** | | | |
| **Email:** | | **Telephone:** | **Mobile:** | |
| **STUDY SITE:** <Name and address> | | | | |
| **STUDY SITE ADDRESS:** | | | | |
| **SPONSOR:** | | | | |
| **SPONSOR CONTACT PERSON:** | | | | |
| **Email:** | | **Telephone:** | **Mobile:** | |
| **DATE RECEIVED:** <dd/mm/yyyy> | | | | |
| 1. **RECEIVED BY (PELI-IRB) :** <TITLE, NAME, SURNAME> | | | | |
| 1. **COMMUNICATION DELIVERED/SENT THROUGH:**    1. □ Telephone    2. □ Fax No    3. □ Regular Mail dated: <dd/mm/yyyy>    4. □ E-mail dated: <dd/mm/yyyy>    5. □ Walk-in (indicate date/time)    6. □ Other, specify: | | | | |
| 1. **PERSON SENDING THE COMMUNICATION**    1. **<TITLE, NAME, SURNAME>**    2. **Address:** <Street Number, Street, Barangay, City, Postal Code>    3. **Telephone**: <area code, number>    4. **Mobile:** <Provider code, number>    5. **Email:** | | | | |
| 1. **CONNECTION/RELATION OF PERSON TO THE STUDY PROTOCOL**    1. □ **Study participant**    2. □ **Other: <specify>**    3. □ **Not applicable** | | | | |
| 1. **TYPE OF CONCERN** | | | | |
| * 1. □ Query <specify> | | | | |
| * 1. □ Complaint <specify> | | | | |
| * 1. □ Others <specify> | | | | |
| 1. **Signature of Person Accomplishing this form:** | | | | |

**RECOMMENDATIONS (for PELI-IRB use only)**

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| **REFERRED TO**   * Full Board Review * Expedited Review * Other: <Specify> | | | |
| **RECOMMENDED ACTION:**   * NO FURTHER ACTION * REQUEST INFORMATION: <specify> * RECOMMEND FURTHER ACTION: <specify> * PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE | | | |
| **PELI-IRB CHAIR**  DATE: <dd/mm/yyyy> |  | Signature |  |
| Name | <Title, Name, Surname> |
| *If study-protocol-related, this form should be reviewed and signed by primary reviewer* | | | |
| **PRIMARY REVIEWER** |  | Signature |  | |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> | |