



SAN JUAN DE DIOS EDUCATIONAL FOUNDATION. INC
INSTITUTIONAL REVIEW BOARD

Philippine Health Research Ethics Board (PHREB) Level 3 Accreditation No. L3-2020-035-03
 SIDCER (Strategic Initiative for Developing Capacity in Ethical Review)-Forum for Ethical Review Committees
 in Asia and the Western Pacific Region (FERCAP) Recognition



FEEDBACK & REQUEST FORM
(SJDEFIIRB FORM 9.1)

Date Received		Received by	
Communication Delivered/Sent Through:	<input type="checkbox"/> Telephone call (Phone No.) <input type="checkbox"/> Fax (Fax No.) <input type="checkbox"/> Mailed letter / Date <input type="checkbox"/> E-mail / Date <input type="checkbox"/> Walk-in / Date / Time <input type="checkbox"/> Other, specify _____		
Study Protocol Title:			
Principal Investigator	<p align="center">Email</p> <p align="center">Telephone/ Mobile No.</p>		
Study Site (Name and Address)			
Sponsor, Contact Person	Name of Contact		
	Email		
	Telephone/ Mobile No.		
Person Sending the Communication	Title, Name Surname Address Telephone/Mobile No. Email		
Connection/Relation Of Person To The Study Protocol	<input type="checkbox"/> Study Participant <input type="checkbox"/> Other (e.g. Sibling of the participant): Please Specify _____ <input type="checkbox"/> Not Applicable		



Type of Concern/Feedback
<input type="checkbox"/> Query (specify)
<input type="checkbox"/> Notification (specify)
<input type="checkbox"/> Complaint (specify)
<input type="checkbox"/> Others (specify)
Name and Signature of Person Accomplishing this form:

RECOMMENDATIONS (for SJDEFIIRB use only)

REFERRED TO	
<input type="checkbox"/> Full Board Review by Panel <input type="checkbox"/> Expedited Review at the level of the Panel Chair <input type="checkbox"/> Other: <Specify>	
RECOMMENDED ACTION:	
<input type="checkbox"/> NO FURTHER ACTION <input type="checkbox"/> REQUEST INFORMATION: <specify> <input type="checkbox"/> RECOMMEND FURTHER ACTION: <specify> <input type="checkbox"/> PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE	
SJDEFIIRB Secretariat	Signature _____
DATE: <dd/mm/yyyy>	Name _____

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>