



SJD Institutional Review Board
Title: Feedback Request Form
Code: SJDIRB Form 19
Version: 01

Date Received	DD Month YYYY		Received by		
Communication Delivered/Sent Through:	<ul style="list-style-type: none"> • Telephone call (Phone #) • Fax/Mobile Phone (Fax No.) 	<ul style="list-style-type: none"> • Mailed letter / (Date) • E-mail (Date) 	<ul style="list-style-type: none"> • Walk-in (Date/Time) • Others, Specify _____ 		
Study Protocol Title					
Principal Investigator			Email		
			Tel/Cel. No.		
Sponsor/CRO			Email		
			Tel/Cel. No.		
Person Reporting			Address		
			Email		
			Tel/Cel. No.		
Connection/ Relation of Person Reporting to the Study Protocol					
Type of Concern/Feedback	• Query	• Notification	• Complaint	• Others	
Please Specify the Concern/Feedback					
Name of Person Reporting		Signature		Date	



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Section 2: FOR SJDIRB USE ONLY (To be filled by the Staff of the Officer)

Decision Points	Recommendation
<ul style="list-style-type: none"> ● request for explanation/justification from researcher ● accept request/demand of participant ● conduction of site visit ● amendment of protocol ● re-consent of participants 	1. . 2. . 3. .

Staff/Officer	Signature	Date

SJDIRB Final Action

Final Decision	Recommendation/Comments
<ul style="list-style-type: none"> ● request for explanation/justification from researcher ● accept request/demand of participant ● conduction of site visit ● amendment of protocol ● re-consent of participants 	(e.g. Proceed with the recommendation of the reviewer or full board meeting last _____)

SJDIRB Officer	Name	Signature	Date
Board/Panel Secretary			
Chair/Panel Lead			