# Queries, Notifications, and Complaints

INSTRUCTIONS: *This form should accomplish by any party communicating queries, notifications, and complaints or grievances for information or action by the UPLB REB. In case of communication from research subjects or participants, the UPLB REB 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. This form should be printed in A4 size paper and duly signed by the personnel accomplishing this form.*

| NATURE OF COMMUNICATION* Study-protocol-related
* Non-study-protocol-related
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| UPLB REB CODE: |
| STUDY PROTOCOL TITLE: |
| UPLB REB PANEL: |
| APPROVAL DATE: <dd/mm/yyyy> |
| PRINCIPAL INVESTIGATOR: |
| 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 (UPLB REB Personnel) : <TITLE, NAME, SURNAME>
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| 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
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| 1. TYPE OF CONCERN
	1. ⬜ Query <specify>
	2. ⬜ Notification <specify>
	3. ⬜ Complaint <specify>
	4. ⬜ Others <specify>
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| 1. Signature of Person Accomplishing this form:
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RECOMMENDATIONS (for UPLB REB use only)

| REFERRED TO* Full Board Review by Panel
* Expedited Review at the level of the Panel head
* Other: <Specify>
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| RECOMMENDED ACTION:* NO FURTHER ACTION
* REQUEST INFORMATION: <specify>
* RECOMMEND FURTHER ACTION: <specify>
* PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE
 |
| UPLB REB COORDINATORDATE: <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> |