



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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DOCUMENT RECEIPT FORM

Submission Date	
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LCP-IERB CODE		Sponsor Protocol Number	
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Protocol Title	
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	Name	Mobile / Phone Number
Principal Investigator		
Sponsor		

- | | |
|-------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Initial Protocol Package | <input type="checkbox"/> Non-Compliance/ Violation / Deviation Report |
| <input type="checkbox"/> Resubmission | <input type="checkbox"/> Request/Queries/Complaints Report |
| <input type="checkbox"/> Protocol Amendment | <input type="checkbox"/> Final Report |
| <input type="checkbox"/> ICF Amendment | <input type="checkbox"/> Early Protocol Termination |
| <input type="checkbox"/> Progress Report | <input type="checkbox"/> Safety Reporting |
| <input type="checkbox"/> Serious Adverse Events/SUSAR | <input type="checkbox"/> Notifications |
| <input type="checkbox"/> Investigational Brochure | <input type="checkbox"/> Others (pls. specify): |

Principal Investigator's Signature		Date	
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DOCUMENTS	
Received From	Received By
<i>Signature over printed name</i>	<i>Signature over printed name</i>
Date:	Date: