



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

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REQUEST/ QUERY/COMPLAINTS REPORT FORM

Date Received		Received by	
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Request from	<input type="checkbox"/> Telephone Call	Number _____
	<input type="checkbox"/> Fax	Number _____
	<input type="checkbox"/> Mailed letter	Date _____
	<input type="checkbox"/> E-mail	Date _____
	<input type="checkbox"/> Walk-in	Date/Time _____
	<input type="checkbox"/> Others	Specify _____

Participant's Name	
Contact Address	

Title of the Participating Study	
Starting Date of Participation	

What are requested?	
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Recommendations by Primary Reviewer / Investigator	<input type="checkbox"/> For full board review <input type="checkbox"/> For expedited review at the level of the chair <input type="checkbox"/> Others, specify _____
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Primary Reviewer / Investigator	Signature	Date

IERB Decision	<input type="checkbox"/> No further action <input type="checkbox"/> Request additional information / clarification from PI <input type="checkbox"/> Recommend further action, specify _____
Full Board Meeting Date	

LCP-IERB Chairman	Signature	Date