



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

4th Flr. Room 4013 Tel Nos. 9246101 local 568

E-mail : lcpierb@gmail.com. Website : erc@lcp.gov.ph

SITE VISIT REPORT FORM

LCP-IERB CODE		Date of the Visit	
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Protocol Title	
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Name	Email	Mobile / Phone / Fax Number
Principal Investigator		
Sponsor		

Reason for site visit			
Person/s Interviewed			
Total Number of Expected Subjects		Total Subjects Enrolled	

	Yes	No	Comments
Are site facilities appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
Is confidentiality of documents maintained (e.g., cabinets with lock and keys)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the test articles properly kept and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Informed Consent Forms completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are approved current ICF version used?	<input type="checkbox"/>	<input type="checkbox"/>	
Are copies of the approved versions of the protocol documents kept in the site?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
Are files of all communication with the LCPIERB found in the study site?	<input type="checkbox"/>	<input type="checkbox"/>	
Are copies of adverse event reports kept?	<input type="checkbox"/>	<input type="checkbox"/>	
Are investigator functions properly delegated to qualified research personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there appropriate documentation of qualifications of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all Case Record Forms up to date?	<input type="checkbox"/>	<input type="checkbox"/>	
Are copies of protocol non-compliance (violation/deviation) reports kept in the study site?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of appropriate corrective action taken as recommended by the LCPIERB?	<input type="checkbox"/>	<input type="checkbox"/>	
Site Visit Team Conclusion/Recommendations:			

Duration of Visit (in hours)		Time Started		Time Finished	
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	Name and Signature	Date
IERB Site Visit Team Members / Secretariat Staff	1. 2. 3. 4. 5.	
Report prepared by		
Noted by: Site Visit Team Leader		

IERB Decision	<input type="checkbox"/> No further action <input type="checkbox"/> Request additional information, specify; _____ <input type="checkbox"/> Recommend further action specify; _____
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LCP-IERB Chairman	Signature	Date