



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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NOTICE OF SITE VISIT

<date>

<LCPIERB MEMBER>

LCP-IERB CODE		Sponsor Protocol Number	
Protocol Title			

Dear <LCPIERB MEMBER SURNAME>:

We wish to inform you that the LCPIERB has appointed you to be a member of the Site Visit Team responsible for verifying compliance of the study site with LCPIERB approved protocol and related documents, such as, contents of the informed consent form, etc. This site visit is being organized because of: _____. As part of the team, your responsibilities include the following:

1. Review the study protocol and the ICF (note: make sure that the site is using the most recent version)
2. Review the post-approval documents (note: make sure that the site is using the most recent version)
3. Ask the PI or staff to explain the informed consent process
4. Ensure security, privacy, and confidentiality of the documents at the study site
5. Discuss the findings with the research team
6. Solicit feedback from the study site

The details of the Site Visit are as follows:

Study Site			
Address			
Date	<dd/mm/yyyy>	Time	<hh:mm>

To facilitate the intended site visit, please signify your confirmation by signing in the space provided below, date your signature, and return one copy of this letter to the LCPIERB Secretariat. Also, if you have any questions regarding the information outlined in this notification, you may visit the LCPIERB Secretariat at the LCPIERB Office, email, or call telephone number +63 2 9246101 local 568 for assistance.

Thank you and best regards.

Very truly yours,

(Signature over Printed Name)
Chairman, LCP-IERB

CONFORME:

(Signature over Printed Name)