



INSTITUTIONAL ETHICS AND REVIEW BOARD
 12th Floor, Our Mother of Perpetual Succour Medical Specialty Center
 Perpetual Succour Hospital
 Gorordo Avenue, Cebu City
 Tel No/Fax No: +63-32-342-0853

<h1 style="margin: 0;">Queries or Complaints Form</h1>	PSH-IERB Form 8A
--	-----------------------------

Date Received:	
Received by:	
Request from:	<input type="checkbox"/> Telephone No..... <input type="checkbox"/> Fax No..... <input type="checkbox"/> Mailed letter / Date..... <input type="checkbox"/> E-mail / Date..... <input type="checkbox"/> Walk-in / Date / Time..... <input type="checkbox"/> Other, specify
Participant's Name:	
Contact Address: Phone:	
Title of the Study	
Starting date of participation:	
Nature of queries or complaints:	