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

Site Visit Checklist Form

PSH-IERB Form 7A

PSH-IERB Code:	Date of the Visit:
Protocol Number/Study Title:	
Principal Investigator:	Phone:
Institute:	Address:
Sponsor:	Address:
Total number of expected subjects:	Total subjects enrolled:
Are site facilities appropriate? ☐ Yes ☐ No	Comment:
Are Informed Consents recent? ☐ Yes ☐ No	Comment:
Any adverse events found? ☐ Yes ☐ No	Comment:
Any protocol non-compliance /violation? ☐ Yes ☐ No	Comment:
Are all Case Record Forms up to date? ☐ Yes ☐ No	Comment:
Are storage of data and investigating products locked? ☐ Yes ☐ No	Comment:
How well are participants protected? ☐ Good ☐ Fair ☐ Not good	Comment:
Any outstanding tasks or results of visit? ☐ Yes ☐ No	Give details:
Duration of visit: …….hours	Starting from: Finish:
Completed by: Name and Signature of IERB Member	Date: