



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

INSTITUTIONAL RESEARCH – ETHICS COMMITTEE
(IR-EC)

PARTICIPANT REQUEST / QUERY RECORDS 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:	
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Contact Address:		Phone:	
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Title of the Participating Study	
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Starting date of participation :	
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What are requested?	
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To be filled-up by the IR-EC:

Actions Taken:

Outcome: _____

Type of review: ____ Expedited review ____ Full board review; Date of meeting: _____

Name of Member/Secretary: _____

Signature : _____

Date : _____