



Queries and Notifications

INSTRUCTIONS TO THE PRINCIPAL INVESTIGATOR:

Information reported in this form is processed either as study protocol-related or non-study protocol-related communication, as the case may be. For protocol-related communication, place the relevant study protocol information below; if not, write N/A. If necessary, a letter may be attached to this form by the sending party, but a summary of the nature of communication should still be encoded in this form to allow the proper filing of the document (see **SOP III-6**).

[Please obtain an electronic copy of this form and encode all information required in the space provided]

NATURE OF COMMUNICATION

☐ Study Protocol-Related

☐ Non-Study Protocol-Related

STUDY PROTOCOL INFORMATION

| | |
|-----------------------------|------------------------|
| UPD REB Code | |
| Study Protocol Title | |
| Principal Investigator (PI) | <Title, Name, Surname> |
| Email Address | |
| Telephone No. | |
| Mobile No. | |
| Study Site | |
| Study Site Address | |
| Funding Agency | |
| Email Address | |
| Telephone No. | |
| Mobile No. | |

| | |
|---|--------------|
| Date of Initial Approval | <dd/mm/yyyy> |
| Date of Last Continuing Review Approval | <dd/mm/yyyy> |
| Expiry of Ethical Clearance | <dd/mm/yyyy> |
| Version of the Latest Approved Protocol | |
| Date of Approval | <dd/mm/yyyy> |
| Version of the Latest Approved ICF | |
| Date of Approval | <dd/mm/yyyy> |



COMMUNICATION DETAILS

1. Type of Communication

- ☐ Query
☐ Notification

2. Communication delivered/sent through:

- ☐ Telephone
☐ Webpage
☐ E-mail
☐ Walk-in
☐ Others (specify):

3. Person sending this communication:

Name: <Title, Name, Surname>
Address: <Street Number, Street, Barangay, City, Postal Code>
Telephone: <area code, number>
Mobile: <provider code, number>
Email Address:

4. Connection/Relation to the Study Protocol

- ☐ PI
☐ Study Participant
☐ Others: <specify>
☐ Not applicable

5. Summary of Query/Notification:

Date of Communication (to be filled by the Technical Personnel) <dd/mm/yyyy>

Signature of Person Accomplishing this Form

Date Signed

Received by (UPD REB Technical Personnel)

<dd/mm/yyyy>



RECOMMENDATIONS (for UPD REB use only)

Comments and Suggestions:

Recommended Action:

- ☐ NO FURTHER ACTION
- ☐ REQUEST INFORMATION: <specify>
- ☐ RECOMMEND FURTHER ACTION: <specify>
- ☐ DEFERRED, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE

UPD REB Chair or Coordinator

Signature: _____

Date Signed: <dd/mm/yyyy>

Name: _____

<Title, Name, Surname>

If study-protocol-related, this form should be reviewed and signed by the primary reviewer

Primary Reviewer:

Signature: _____

Date Signed: <dd/mm/yyyy>

Name: _____

<Title, Name, Surname>