



**INSTITUTIONAL ETHICS AND REVIEW BOARD**  
**12<sup>th</sup> Floor, Our Mother of Perpetual Succour Medical Specialty Center**  
**Perpetual Succour Hospital**  
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<h1 style="margin: 0;">Queries or Complaints Form</h1>	<b>PSH-IERB Form 8A</b>
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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:	