



INSTITUTIONAL ETHICS AND REVIEW BOARD
12th Floor, Our Mother of Perpetual Succour Medical Specialty Center
Perpetual Succour Hospital
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| <h1 style="margin: 0;">Site Visit Checklist Form</h1> | PSH-IERB Form 7A |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| Are Informed Consents recent? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| Any adverse events found? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| Any protocol non-compliance /violation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| Are all Case Record Forms up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| Are storage of data and investigating products locked? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| How well are participants protected? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not good | | Comment: |
| Any outstanding tasks or results of visit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Give details: |
| Duration of visit:hours | Starting from: | Finish: |
| Completed by: Name and Signature of IERB Member | | Date: |