中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL
AND MEDICAL CENTER
EXCEPTIONAL CARE WITHIN REACH

**Department of Medical Education and Research**
RESEARCH ETHICS REVIEW BOARD (RERB)
Contact#: 8711-4141 local 418 and 481
Email Address: rerb@cghmc.com.ph

# SITE VISIT REPORT

| | | | |
|---|---|---|---|
| CGHMC RERB Protocol No. | | Date of the Visit: (dd/mm/yyyy) | |
| Study Title: | | | |
| Principal Investigator: | | Phone: | |
| Department: | | Address: | |
| Study Site | | | |
| Sponsor: | | Address: | |
| Total number of targeted subjects: | | Total subjects enrolled: | |
| Are site facilities appropriate?<br>☐ Yes ☐ No | | Comment: | |
| Are Informed Consent Forms Recent?<br>☐ Yes ☐ No | | Comment: | |
| Any adverse events found?<br>☐ Yes ☐ No | | Comment: | |
| Any protocol non-compliance/ violation?<br>☐ Yes ☐ No | | Comment: | |
| Are all case record forms up to date?<br>☐ Yes ☐ No | | Comment: | |
| Are storage of data and investigating products locked?<br>☐ Yes ☐ No | | Comment: | |
| How well are participants protected?<br>☐ Good ☐ Fair<br>☐ Not good | | Comment: | |
| Any outstanding tasks or results of visit?<br>☐ Yes ☐No | | Give details: | |
| Other comments: | | | |

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| | | |
| Duration of visit: (hours) | Starting from: | Finished at: |
| Names of CGHMC RERB Site Visit Team | | |
| Completed by: | Date: | |

RECOMMENDED ACTION:

☐ No Further Action
☐ Request Information: (Specify)
☐ Recommend Further Action: (Specify)