



CHINESE GENERAL HOSPITAL AND MEDICAL CENTER
 DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
 RESEARCH ETHICS REVIEW BOARD (RERB)



REQUEST/QUERY RECORD (Form 25)

Date Received by CGHMC RERB: (dd/mm/yyyy)	Received by:
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:	
Requesting Party:	Relationship to Participant:
Participant's Name	
Contact Address:	
Title of the Study Participated	
Starting date of Participation	
What are requested?	
Action Taken:	
Outcome:	