



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:		
Are Informed Consent Forms 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:		
Other comments:			



**中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL
AND MEDICAL CENTER**



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

<p>Duration of visit: (hours) Starting from: Finished at:</p>		
<p>Names of CGHMC RERB Site Visit Team</p>		
<p>Completed by: Date:</p>		
<p>RECOMMENDED ACTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Further Action <input type="checkbox"/> Request Information: (Specify) <input type="checkbox"/> Recommend Further Action: (Specify) 		