



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

EXCEPTIONAL CARE WITHIN REACH



Department of Medical Education and Research

RESEARCH ETHICS REVIEW BOARD (RERB)

Contact#: 8711-4141 local 418 and 481

Email Address: cghmc.irb@gmail.com

Duration of visit: (hours)	Starting from:	Finished at:
Names of CGHMC RERB Site Visit Team		
Completed by:	Date:	
RECOMMENDED ACTION: <input type="checkbox"/> No Further Action <input type="checkbox"/> Request Information: (Specify) <input type="checkbox"/> Recommend Further Action: (Specify)		