# QUERIES, NOTIFICATIONS, OR COMPLAINTS FORM

INSTRUCTIONS: Please complete this form and give all the details requested. Indicate NA if not applicable.

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| **NATURE OF COMMUNICATION**   * Study-protocol-related * Non-study-protocol-related | | |
| **PSURERC CODE:** | | |
| **STUDY PROTOCOL TITLE:** | | |
| **APPROVAL DATE:** <dd/mm/yyyy> | | |
| **PRINCIPAL INVESTIGATOR/LEAD RESEARCHER:** | | |
| **Email:** | **Telephone:** | **Mobile:** |
| **STUDY SITE:** <Name and address> | | |
| **STUDY SITE ADDRESS:** | | |
| **SPONSOR/FUNDING AGENCY:** | | |
| **SPONSOR/FUNDER CONTACT PERSON:** | | |
| **Email:** | **Telephone:** | **Mobile:** |
| **DATE RECEIVED:** <dd/mm/yyyy> | | |
| 1. **RECEIVED BY (PSURERC Personnel):** <TITLE, NAME, SURNAME> | | |
| 1. **COMMUNICATION DELIVERED/SENT THROUGH:**    1. □ Phone    2. □ Fax No    3. □ Regular Mail dated:    4. □ E-mail dated:    5. □ Walk-in (DATE & TIME)    6. □ Other, specify: | | |
| 1. **PERSON SENDING THE COMMUNICATION:**    1. <TITLE, NAME, SURNAME>    2. Address:    3. Telephone:    4. Mobile:    5. Email: | | |
| 1. **CONNECTION/RELATION OF PERSON TO THE STUDY PROTOCOL:**    1. □ Study participant    2. □ Other: <specify>    3. □ Not applicable | | |
| **5. TYPE OF CONCERN (please check all that applies and give specific details below)**  □ Query □ Notification □ Complaint □ Others | | |
| Give specific details: | | |

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| **REFERRED TO**   * Secretariat * Primary Reviewer/s * Full Board * Independent Consultant |
| **REMARKS/COMMENTS OF COMPETENT AUTHORITY** |
| **RECOMMENDED ACTION:**   * NO FURTHER ACTION * REQUEST INFORMATION: * RECOMMEND FURTHER ACTION: * PENDING, IF MAJOR CLARIFICATIONS ARE REQUIRED BEFORE A DECISION CAN BE MADE |

<name and signature of Primary Reviewer/Staff/Chair?Independednt Consultant >

**Primary Reviewer/Staff/Chair/Independednt Consultant**

Date: <date>