



INITIAL PROTOCOL REVIEW ACKNOWLEDGMENT			
Reference No.	Submission Date:	<input type="checkbox"/> Registry <input type="checkbox"/> Observational <input type="checkbox"/> Investigator Initiated <input type="checkbox"/> Others _____	
Study Title			
Principal Investigator:	Contact #:	E-mail:	Department/Section
Co-Author:	Contact #:	E-mail:	Department/Section

Documents Received <small>(Pls. check if that applies. Write "NA" if not applicable)</small>	No. of Copies	Version/Date	Remarks
<input type="checkbox"/> Protocol			
<input type="checkbox"/> Investigated Brochure			
<input type="checkbox"/> ICF (English) (Tagalog)			
<input type="checkbox"/> Pharmaceutical ICF (English) (Tagalog)			
<input type="checkbox"/> Subject Worksheets			
<input type="checkbox"/> Patient Diary/Alert Card (English) (Tagalog)			
<input type="checkbox"/> Questionnaire (English) (Tagalog)			
<input type="checkbox"/> Case Report Form/CRF/*-CHF			
<input type="checkbox"/> Project Summary & Flow Chart of the Protocol			
<input type="checkbox"/> Material to be used for of research participant			
<input type="checkbox"/> Curriculum Vitae of Investigator/s			
<input type="checkbox"/> GCF Training Certificate(s)			
<input type="checkbox"/> Certificate of Insurance			
Others/Remarks:			
Submitted by:	IERC Acknowledgment:		
_____ <small>Signature over printed name</small>			
Date			