


**PHILIPPINE HEART CENTER**
**Institutional Ethics Review Board**

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**Document Receipt Form**

1. IERB no.:		Submitted date:	
2. Source of Fund:	<input type="checkbox"/> PHC Funded	<input type="checkbox"/> Non-PHC Funded	
3. DETR no.:		Protocol no.	
4. Sponsor / CRO			
5. Principal Investigator:			
6. Protocol Title:			
7. Type of Submission:	<input type="checkbox"/> Initial Review <input type="checkbox"/> Resubmission for a re-review <input type="checkbox"/> Protocol Amendments		<input type="checkbox"/> Continuing Review <input type="checkbox"/> Approved Protocols <input type="checkbox"/> Protocol Termination
8. Delivery Route:	<input type="checkbox"/> Post	<input type="checkbox"/> In Person	
9. Documents Submitted	<input type="checkbox"/> Full Protocol <input type="checkbox"/> Declaration of No Conflict of Interest <input type="checkbox"/> Data Collection Form(s) <input type="checkbox"/> Informed Consent Form (English & Local Dialect) <input type="checkbox"/> Assent Form (English & Local Dialect) <input type="checkbox"/> Subject Worksheets/ Patient Diary /Alert Cards (English and Tagalog Versions) <input type="checkbox"/> Pharmacokinetics ICF (English and Tagalog Versions) <input type="checkbox"/> Questionnaire (English and Tagalog Versions) <input type="checkbox"/> Philippine Food and Drug Administration (PFDA) Approval		<input type="checkbox"/> GANTT Chart <input type="checkbox"/> Ads for Advertisement, if applicable <input type="checkbox"/> Information for subjects <input type="checkbox"/> Case Report Forms (CRF) <input type="checkbox"/> Investigator's Brochure <input type="checkbox"/> Certificate of Insurance (if applicable) <input type="checkbox"/> CV of Proponent; GCP Certification <input type="checkbox"/> Others .....
10. Remarks	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete, will submit on _____	
11. Documents to be submitted later	<input type="checkbox"/> Information for subjects <input type="checkbox"/> Informed consent/assent form <input type="checkbox"/> Others.....		<input type="checkbox"/> Study budget <input type="checkbox"/> Investigator's brochure <input type="checkbox"/> Case report forms (CRF)
12. Submitted by:		13. Signature:	14. Date submitted:
15. Received by:		16. Signature:	17. Date received:

**NOTE TO APPLICANTS:** Please make sure that you have a copy of this form duly signed by the person who received the application