B I C O L U N I V E R S I T Y
College of Medicine
Institutional Review Board
Telefax: (052) 742-0076
URL: http://www.bicol-u.edu.ph/bucm/
Email: bucm_irb@bicol_u.edu.ph

REQUEST/ QUERY RECORD (FORM 3.6)

Date received:		Received by	

Request from :

- ☐ Telephone call Number ____________________
- ☐ Fax Number ____________________
- ☐ Mailed letter / Date ____________________
- ☐ E-mail / Date ____________________
- ☐ Walk-in/Date/Time ____________________
- ☐ Others, specify ____________________

Participant's Name:			
Contact Address:		Phone:	
Title of the Participating Study			
Starting date of participation :			
What are requested?			
Action taken:			
Outcome:			