



Institutional Ethics Committee Of

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FORM NO: 36

CLINICAL RESEARCH STAKEHOLDER'S REQUEST/COMPLAINT FORM

Name of the stakeholders: Pharmaceutical sponsors/CROs ,PI, study participants and regulatory authority or any others	
Contact Details of the stakeholders	
Queries, request/complaint form	
Protocol no	
PI of the study	
What is the Queries, request/Complaints?	
Action taken:	
Outcome:	
Name of the IEC member/Secretariat received	
Received date	
Signature of the Member Secretary	