# ANNEX 1

**AF/01-018/05 Request Record Form**

|  |  |
| --- | --- |
| Date Received: |  |
| Received by : |  |
| Request from : | * Telephone call No………………………………………... * Fax No………………………………………………….…. * Mailed letter / Date…………………… …………………. * E-mail / Date……………………………………………… * Walk-in / Date / Time…………………………………….. * Other, specify ……………………………………………. |
| Participant’s Name: |  |
| Contact Address:  Phone: |  |
| Title of the Participating Study |  |
| Starting date of participation: |  |
| What is requested? |  |
| Action taken:  Outcome: |  |

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REBH Chairperson