



## 2.4

# Secondary/Tertiary Facility Cover Sheet

Person Conducting Records Review:

Date(s) of Records Review:

This one-month review covers the period  DD / MM / YYYY to  DD / MM / YYYY

Facility Name and Country:

### Facility Type

Public/Government

Private for-profit

Private not-for-private

Philanthropic/Charity/NGO/  
Faith-based

Secondary

Tertiary

District

Regional

Provincial

Other, please  
describe

IEC/IRB Approval Number and Date:

Name of facility personnel providing  
access to records:

Title:

Email (Primary):

Alternate contact person name:

Mailing Address of facility Records  
Department:

Phone (Office):

Phone (Cell):

Physical Address where record review  
was conducted:

GPS coordinates of facility:  
(Please refer to Operations Manual for  
instructions if needed.)