**St. Paul's Hospital of Iloilo, Inc.**
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**APPOINTMENT LETTER FOR REGULAR MEDICAL NON-AFFILIATE IRB MEMBER (Form 1.2)**

Date

**Name of the Appointee**
Profession/Expertise
Address

**Dear _____:**

Greetings!

We are pleased to inform you that the Administration of SAINT PAUL'S HOSPITAL ILOILO has approved your appointment as **REGULAR IRB MEMBER OF THE INSTITUTIONAL REVIEW BOARD** for a period of two (2) years from _____ – _____ unless sooner revoked by the SPHI Administration.

The following are the responsibilities as an *IRB MEMBER:*

The following are your responsibilities as an non-affiliating, medical Member of the IRB:

    a.    Participates in IRB meetings
    b.    Reviews, discusses and considers research proposals submitted for evaluation
    c.    Assesses serious adverse event reports and recommend appropriate action
    d.    Reviews protocols and protocol-related reports and monitor ongoing studies as appropriate
    e.    Evaluate all clinical research final reports and outcomes.
    f.    Maintains confidentiality of the documents and deliberations during IRB meetings
    g.    Declares any conflict of interest
    h.    Participates in continuing education activities in health research and ethics
    i.    Performs other duties designated by the Chair
    j.    Leads prayer during the meeting
    k.    Makes motion for the approval of the provisional agenda, minutes of the previous meeting and others.
    l.    provide independent review of the protocol/ICF

We are confident that you will faithfully, dynamically, and cooperatively contribute for the continuous development of Institutional Review Board and the hospital. Further, we trust that you will continue to uphold the Corporate Values of SAINT PAUL'S HOSPITAL ILOILO, and fully support the programs and activities for the actualization of its Vision and Mission. Further, we hope that you will uphold and value Christian virtues and be a model worthy of immolation by our colleagues.

We look forward to a mutually fulfilling and meaningful relationship with you. Please indicate your acceptance of this appointment by signing in the space below.

God bless.

Very truly yours,

**_____**
Hospital Administrator

**ACCEPTED:**

_____          _____
Signature of Appointee                    Date

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