



ST. PAUL'S HOSPITAL OF ILOILO, INC.

General Luna Street, Iloilo City 5000 Philippines

Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676

www.sphi.com.ph sphiloilo@gmail.com

APPOINTMENT LETTER FOR IRB ALTERNATE MEMBER (Form 1.5)

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 **ALTERNATE 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 **Alternate Member of the IRB**:

- a. Participates in IRB meetings if Regular IRB member is absent.
- b. Reviews, discusses and considers research proposals submitted for evaluation once Primary Reviewer is absent
- c. Reviews protocols and protocol-related reports and monitor ongoing studies as appropriate
- d. Evaluate all clinical research final reports and outcomes.
- e. Maintains confidentiality of the documents and deliberations during IRB meetings
- f. Declares any conflict of interest
- g. Participates in continuing education activities in health research and ethics
- h. Performs other duties designated by the Chair
- i. Leads prayer during the meeting
- j. Makes motion for the approval of the provisional agenda, minutes of the previous meeting and others.



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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 emulation 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