



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 INDEPENDENT CONSULTANT (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 **INDEPENDENT CONSULTANT 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 **Independent Consultant**:

- The IRB Chair may invite you to review and evaluate research proposals related to your expertise in order to assist the IRB members in the review of protocols that require such expertise in special areas and in addition to those available within the IRB.
- Attend the IRB meeting upon invitation to present your assessment and participate in the discussion but without the right to vote.
- Maintain confidentiality of the documents and deliberations during IRB meetings.
- Declare any conflict of interest.
- Participate in continuing education activities in health research and ethics.

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