



ST. PAUL'S HOSPITAL OF ILOILO, INC.

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INSTITUTIONAL REVIEW BOARD

AGREEMENT ON CONFIDENTIALITY AND CONFLICT OF INTEREST (FORM 1.7)

To the Undersigned: Please sign and date this Agreement, if you agree with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the St. Paul's Hospital IRB. A copy will be given to you for your records.

In the course of my activities as a/ an _____ of the *St. Paul's Hospital IRB*, I will be provided with confidential information and documentation (which we will refer to as the "Confidential Information"). I agree to take reasonable measures to protect the Confidential Information, subject to applicable legislation, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside the Board's mandate, and in particular, in a manner which would result in a benefit to myself or any third party; and to return all Confidential Information (including any minutes or notes I have made as part of my Board duties) to the Chair upon termination of my functions as an IRB co-chair.

Whenever I have a conflict of interest, I shall immediately inform the Chair not to count me toward a quorum for voting.

I have read and accept the aforementioned terms and conditions as explained in this Agreement.

IRB Member

Date

St. Paul's Hospital IRB Chair

Date