



# 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](http://www.sphi.com.ph) [sphiloilo@gmail.com](mailto:sphiloilo@gmail.com)

## APPOINTMENT LETTER FOR IRB INDEPENDENT CONSULTANT (Form 1.7)

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



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## AGREEMENT ON CONFIDENTIALITY AND CONFLICT OF INTEREST

*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 an **Independent Consultant** 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 to the Chair upon termination of my functions as a Guest Consultant.

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

\_\_\_\_\_  
Independent Consultant

\_\_\_\_\_  
Date

\_\_\_\_\_  
St. Paul's Hospital IRB Chair

\_\_\_\_\_  
Date