



# ST. PAUL'S HOSPITAL OF ILOILO, INC.

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## CERTIFICATE OF EXEMPT FROM REVIEW (Form 3.1)

This is to certify that the following protocol and related documents have been reviewed and is hereby granted EXEMPTION FROM REVIEW by the St. Paul's Hospital of Iloilo– Institutional Review Board (SPHI-IRB) for implementation.

IRB Protocol No:

Date:

Protocol Title:

Principal Investigator:

Sub- Investigators:

Sponsor:

Protocol Version No.

Version Date

ICF Version No.

Version Date

Other Documents:

\_\_\_\_\_  
Chairman  
Institutional Review Board

Endorsed By:

Received By:

\_\_\_\_\_  
Signature Over Name

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Signature Over Name

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Date:

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Date: