



# 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:	<input type="text"/>	Date:	<input type="text"/>
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Protocol Title: <input type="text"/>	Principal Investigator: <input type="text"/>
	Sub- Investigators: <input type="text"/>
	Sponsor: <input type="text"/>

Protocol Version No.	<input type="text"/>	Version Date	<input type="text"/>
ICF Version No.	<input type="text"/>	Version Date	<input type="text"/>

Other Documents:

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

Endorsed By:	Received By:
_____ Signature Over Name	_____ Signature Over Name
_____ Date:	_____ Date: