



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:

Investigator Responsibilities after given the Exempt from Review:

A final report shall be submitted at the end of the study.

Any change or alteration in the exempted protocol shall invalidate the exemption granted.

A revised protocol shall be submitted to IRB for review if it still qualifies for exemption.

Chairman
Institutional Review Board

Endorsed By:

Received By:

Signature Over Name

Signature Over Name

Date:

Date: