



ST. PAUL'S HOSPITAL OF ILOILO, INC.

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INSTITUTIONAL REVIEW BOARD

Notice of IRB Meeting **SPH.IRB-00_ - 20__** (Form 5.1)

Date

FROM: _____
Chair, IRB

TO: **ALL IRB MEMBERS**

RE: **IRB REGULAR MEETING**
Institutional Review Board Office
Date of the Meeting and Time

AGENDA:

- I. Opening Prayer
- II. Call to Order
- III. Determination of Quorum
- IV. Approval of the Agenda
- V. Reading and Approval of the Minutes of the Last meeting (Date)
- VI. Business Arising from the Minutes of the Previous Meeting
- VII. Disclosure of Conflict of Interest among Members
- VIII. Protocol Review
 - A. New Protocols for Initial Review of Full Board:

IRB Protocol #	
Protocol #	
Protocol Title:	

NOTICE OF IRB MEETING [SPH.IRB-00_ - 20__]

Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

B. Review of SJREB Protocols

IRB Protocol #/ SJREB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

C. Report on the Results of the Expedited Review

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

D. Exempt from Review Protocols

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

E. Resubmission:

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

F. Amendments:

IRB Protocol #	
Protocol #	

Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

G. Progress Reports

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

H. Early Termination Report

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	

Sponsor:	
Documents:	

I. Application for Continuing Review

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

J. Final Reports

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Date of permanent closure of the study/research	
Date when the final report was received:	

Documents:	
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K. SAE Reports

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Sponsor:	
Documents:	

L. Protocol Deviation and Violations

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

M. Site Visit

IRB Protocol #	
Protocol #	
Protocol Title:	

Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

N. Queries and Complaints

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

O. Appeal

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

P. Reports on Negative Events (RNE)

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Primary Reviewers:	
Sponsor:	
Documents:	

Q. Other Reports. (Site Visit, etc.)

IRB Protocol #	
Protocol #	
Protocol Title:	
Principal Investigator:	
Sponsor:	
Documents:	

IX. Other Matters

X. Adjournment

THANK YOU VERY MUCH!