



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

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## APPROVAL LETTER (Form 6.2)

IRB Protocol No:

Date of Approval:

Protocol Title:

Type of Review:

( ) Full Board ( ) Expedited

Date of IRB review:

Principal Investigator:

Sponsor:

Sub- Investigators:

Protocol Version No.

Version Date

ICF Version No.

Version Date

Start of the Study

End of the Study

Validity of Approval

Start of Validity

End of Validity

Approved Documents

**Investigator Responsibilities after Approval:**

- > Submit document amendments for IRB Approval before implementing them
- > Submit Protocol Reports Update SAE & SUSAR
- > Submit Progress Report before the expiry of Approval letter
- > Submit Final Report after completion of protocol procedures at the study site
- > Comply with all relevant international and national guidelines and regulations
- > Abide by the principles of good clinical practice and ethical research

We also confirm that we are a Review Board constituted in agreement and in accordance with ICH-GCP. The Members of the Institutional Review Board of St. Paul's Hospital of Iloilo who reviewed and approved the study are as follows:

Review Board	Occupation	Affiliation	Job Category	Gender	Tick if present

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

Endorsed By:

Received By:

_____ Signature Over Name	_____ Signature Over Name
_____ Date:	_____ Date: