



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: