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NOTIFICATION OF IRB DECISION FORM (Form 6.3)

Date:

Name of PI:
(Principal Investigator)

Contact No.

This is to inform you of the IRB decision related to your application for review of the following documents:

Protocol Title:

Type of Review:

Full Board Expedited Meeting
Date:

Type of Submission:

Initial review Amendment
 Resubmission Others

IRB Protocol No.:

Sponsor and Sponsor Protocol No.:

Protocol Version No.

Version Date

ICF Version No.

Version Date

Other Documents

IRB Decision Disapproved
 Minor revisions required Major revisions required

Details of Action
Required from
the PI

[Empty box for details of action required from the PI]

Chairman
Institutional Review Board

Submitted By:

Received By:

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