



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

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## INSTITUTIONAL REVIEW BOARD COMMUNICATION LETTER (Form 6.4)

Date

Name of the Principal Investigator

Address

IRB Protocol #

Protocol #

Protocol Title:

Principal Investigator:

Re:

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Dear \_\_\_\_\_,

Greetings!

Sincerely yours,

\_\_\_\_\_  
Chair

Institutional Review Board

St. Paul's Hospital