



ST. PAUL'S HOSPITAL OF ILOILO, INC.

General Luna Street, Iloilo City 5000 Philippines

Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676

 www.sphi.com.ph  sphilolo@gmail.com

INSTITUTIONAL REVIEW BOARD

IRB BORROWERS LOG (FORM 7.4)

Study File Code	
Date of The Letter of Request To The Chair	
Date Of Approval From The Chair	
Date Borrowed	
Document/s Borrowed	
Name of Borrower	
Name And Signature of SPHI IRB Secretariat (Who Retrieved The Document)	
Name And Signature of Borrower Upon Retrieval	
Name And Signature Of SPHI IRB Secretariat (Upon Return of Document Copied)	
Number of Copies Made/Signature of IRB Secretariat	
Number of Copies Received/Signature of IRB Secretariat	

(Please attached formal letter of request signed by the Chair and Confidentiality Agreement)