Date

**NAME**

Department and Position

Institutional Affiliation

**Subject:** Appointment as REC Officer

Dear **Name:**

You are hereby appointed as \_\_\_\_\_\_\_\_\_\_\_\_ of the **University of Santo Tomas Hospital - Research Ethics Committee (USTH-REC)** effective Date\_Month\_Year to Date\_Month\_Year.

**(As REC Head)**

Over and above duties as a Member, the Head shall have the following responsibilities:

1. Represent the REC in internal and external meetings and conferences.
2. Preside over REC Meeting.
3. Oversee review of protocols.
4. Assign Primary Reviewers of protocols based on expertise and experience.
5. Supervise development and revisions of SOPs.
6. Prepare and submit annual budget of the REC.
7. Prepare and submit annual report of the REC to the office of the Institutional Authority and to PHREB.
8. Ensure initial and continuing research ethics trainings of members and staff.

**(As REC Vice Head)**

Over and above duties as a Member, the Vice Head shall have the following responsibilities:

1. Perform duties of Head in his/her absence.
2. Perform tasks assigned by Head Participate in the review of research proposals and other related reports when requested.

**(As REC Member Secretary)**

Over and above duties as a Member, the Member Secretary shall have the following responsibilities:

1. Supervise the Secretariat Staff in the daily operations of the REC.
	1. Receipt of protocol documents
	2. Preparation of protocol files and folders
	3. Preparation of draft of communications
	4. Preparation of draft Agenda and Minutes
	5. Updating of records
2. Assist the REC Head in assigning Primary Reviewers.
3. Assist the REC Head in the preparation of the Agenda, Annual Report, and budget.

We look forward to partnering with you in ensuring that all health researches conform to local, national, and international ethical principles and standards towards respect for the rights, well-being and dignity of persons.

Thank you for accepting the invitation to be the **REC Head/ Vice Head/ Member Secretary** of the USTH-REC. Kindly signify your acceptance by signing the conforme below.

Very truly yours,

**INSTITUTIONAL AUTHORITY**

**Conforme:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Appointee

Date: