

UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.

Aurora Boulevard, Quezon City



Research Institute for Health Sciences

ETHICS REVIEW COMMITTEE

Date:

<Name of Primary Reviewer>
<Institution/Affiliation>

Re: Primary Review <Study Protocol Title> <RIHS ERC Code>

Dear **<TITLE > <SURNAME>**:

You are hereby assigned as the primary reviewer for (title of study protocol) Please find attached a copy of the <study protocol/resubmitted study protocol/ withdrawal of study protocol application/ proposed amendments/continuing review application/final report/study protocol deviation/early study termination application/> of the study protocol submitted by <Name of PI>.

The results of your review need to be indicated in the following attached review forms:

RIHS ERC FORM 2(D) Study Protocol Assessment Form

RIHS ERC FORM 2(E) Informed Consent Assessment Form

RIHS ERC FORM 2(J) Review of Resubmitted Protocol Form

RIHS ERC FORM 4(A) Study Protocol Amendment Submission Form

RIHS ERC FORM 4(B) Continuing Review Application Form

RIHS ERC FORM 4(C) Final Report Form

RIHS ERC FORM 4(D) Study Non-Compliance Report

RIHS ERC FORM 4(E) Early Study Termination Application Form

To facilitate protocol processing, kindly send the completed and signed review forms on or before **<cut-off date>**. Additionally, the e-copy of this form/s has been sent to you via email, should you prefer to send the form/s electronically.

Thank you.

Very truly yours,

<NAME OF REVIEW PANEL SECRETARY/SECRETARIAT STAFF>

Secretary/Secretariat Staff, RIHS ERC<Name of Review Panel>