

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

Aurora Boulevard, Quezon City

Research Institute for Health Sciences

ETHICS REVIEW COMMITTEE



<mm/dd/yyyy>

<NAME OF RIHS ERC MEMBER>

RIHS ERC Member <Review RIHS ERC>

Re: <STUDY PROTOCOL TITLE><RIHS ERC CODE>

Dear <TITLE OF RIHS ERC MEMBER><SURNAME>:

We wish to inform you that the RIHS ERC has appointed you to be a member of the Site Visit Team responsible for verifying compliance of the study site with RIHS ERC approved protocol and related documents, such as, contents of the informed consent form, etc. This site visit is being organized because of: _____. As part of the team, your responsibilities include the following:

- 1. Review the study protocol and the ICF (note: make sure that the site is using the most recent version)
- 2. Review the post-approval documents (note: make sure that the site is using the most recent version)
- 3. Ask the PI or staff to explain the informed consent process
- 4. Ensure security, privacy, and confidentiality of the documents at the study site
- 5. Discuss the findings with the research team
- 6. Solicit feedback from the study site

The details of the Site Visit are as follows:

ERC Form 4H: Assignment of Site Visit

Study Site	
Address	
Date	
Time	

To facilitate the intended site visit, please signify your confirmation by signing in the space provided below, date your signature, and return one copy of this letter to the RIHS ERC Secretariat. Also, if you have any questions regarding the information outlined in this notification, you may visit the RIHS ERC Secretariat at the RIHS ERC Office, email us at ethicsreviewcommittee@uerm.edu.ph, or call telephone number +63 2 7161843 local 358 for assistance.

Thank you and best regards.

Very truly yours,

Name and Signature

Chair, RIHS ERC

Name and Signature

CONFORME of RIHS ERC Member DATE SIGNED: