

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 PI>

Principal Investigator <Institution/Affiliation>

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

Dear <TITLE OF PI><SURNAME>:

We wish to inform you that the (RIHS ERC) approved the proposed amendment/s in your study entitled, "Study Protocol Title" with (RIHS ERC Code). Upon review of RIHS ERC FORM 4(A): Study Protocol Amendment Submission Form and proposed amendment/s>, the following documents have been approved for use:

- 1. Study Protocol <version #><date of document>
- 2. Study Protocol file 1 <version #><date of document>

Thank you.

Very truly yours,

<NAME OF REVIEW RIHS ERC CHAIR>

Chair, RIHS ERC<Name of Review RIHS ERC>