

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>

<Address>

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

Dear <TITLE OF PI><SURNAME>:

We wish to inform you that the **RIHS ERC** reviewed the final report application for your study entitled, "**Study Protocol Title"** with **(RIHS ERC Code)**.

Upon review of **<RIHS ERC Form 4(C): Final Report Form>** and **<**submitted document/s>, the Panel **APPROVED** the final report application and recommended the commencement of archiving procedures. The protocol is reclassified as **INACTIVE** and ethical clearance automatically **EXPIRED** effective **<Date of Full Board meeting>**. The protocol records will be made available for **three years** from this date.

Thank you.

Very truly yours,

<NAME OF CHAIR>

Chair, RIHS ERC<Name of Review Panel>