

**SAN JUAN DE DIOS EDUCATIONAL FOUNDATION, INC.
INSTITUTIONAL REVIEW BOARD**

NOTIFICATION OF IRB DECISION (SJDEFIIRB FORM 6.3)

<DATE>

<Principal Investigator's Name>

Principal Investigator

<Site Address>

RE: IRB Action on Submitted Protocol

IRB Reference Number:

Protocol Number:

Protocol Title:

Dear <Investigator>,

We wish to inform you that the Institutional Review Board has reviewed the following documents on <date>:

1. <Documents>
- 2.
- 3.
- 4.
- 5.

The IRB recommends the following:

1. <Recommendations>
- 2.
- 3.

My signature below also verifies that the **Institutional Review Board of San Juan De Dios Educational Foundation (Hospital)** operates in accordance with applicable nation/local and institutional regulations and guidelines which govern **Good Clinical Practices** and **IRB/EC Operations**.

For any concerns or other forms that may require your research protocol, you may reach us through the following:

Institutional Review Board Office
Tel. (02) 551-4384 / 85 loc. 2312
Monday – Wednesday 1:30 PM – 4:30 PM
Email: irb.sanjuandedios@gmail.com

Thank you for choosing our hospital as one of your sites.

Very truly yours,

Chair
SJDEFIIRB