



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

Philippine Health Research Ethics Board (PHREB) Level 3 Accreditation No. L3-2020-035-03  
 SIDCER (Strategic Initiative for Developing Capacity in Ethical Review)-Forum for Ethical Review Committees  
 in Asia and the Western Pacific Region (FERCAP) Recognition



**PAYMENT SCHEDULE AGREEMENT**  
**(SJDEFIIRB FORM 11.1)**

This Payment Schedule Agreement (hereinafter referred to as "Agreement") is entered into by and between

The San Juan de Dios Educational Foundation Inc. Institutional Review Board located at Fray Juan Clemente Holistic Health Center, Don B. Hernandez, Pasay City, Philippines, represented in this Agreement by its \_\_\_\_\_, of legal age, hereinafter referred to as the "SJDEFIIRB".

and

\_\_\_\_\_ ("SPONSOR"). Collectively the SPONSOR and SJDEFIIRB may be referred to as "the Parties," or individually as "a Party."

WHEREAS, SPONSOR wants to enlist the assistance of SJDEFIIRB to conduct clinical research ("Study") and the clinical research is of mutual interest and benefit to SJDEFIIRB and SPONSOR, and will further the instructional and research objectives of SJDEFIIRB in a manner consistent with its status as a nonprofit educational and health care facility.

NOW, in consideration of the mutual promises and covenants set forth herein, the Parties therefore agree as follows.

SPONSOR will pay SJDEFIIRB a non-refundable payment as set forth in the Payment Schedule Table below. Approval of the Protocol shall be paid based on invoice submitted to Sponsor by the IRB. Sponsor agrees to pay for initial IRB review regardless of whether the Protocol is approved. Subsequent payments for IRB fees shall be paid on receipt of invoices documenting actual costs incurred based on prevailing rates.

Payment No.	Milestones	Date	Payment Amount
1	Initial Payment + Research Room Utilization (if any)		₱
2	Continuing Review (Year 1) + Major Modification requiring full board review (if any)		₱
3	Continuing Review (Year 2) + Major Modification requiring full board review (if any)		₱
4	Continuing Review (Year 3) + Major Modification requiring full board review (if any)		₱
5	Final payment after all Case Report Forms are completed, queries are resolved and close out visit is complete		₱

Changes in the Budget necessitated by Protocol amendments will be subject to written amendment of this Agreement by authorized representatives of SJDEFIIRB and SPONSOR.

This Agreement will commence on the date of the last signature below (the "Effective Date") and will continue until: (i) Study completion and receipt of final payment; or, (ii) the termination of this Agreement by either Party in accordance with the provisions set forth below.

Either Party may terminate this Agreement for any reason at any time upon thirty (30) days prior written notice to the other Party.

In the event of termination of this Agreement before or between a payment milestone as set forth in Payment Schedule Table, SPONSOR shall reimburse SJDEFIIRB for the following (to the extent not covered by a previous milestone payment): all work completed prior to termination; all reasonable non-cancellable expenses incurred prior to termination; and, all reasonable commitments by SJDEFIIRB or Principal Investigator in accordance with the budget. Further, if applicable, SPONSOR shall reimburse SJDEFIIRB for any expenses required to bring the Study to a medically safe conclusion.





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It is agreed that any duty, obligation, or liability of either Party assumed by this Agreement or any subsequent addenda or revisions hereto shall continue until such time as the duty, obligation, or liability ceases to exist.

Any notice required under this Agreement shall be given in writing and shall be deemed effectively given upon personal delivery to the Party to be notified, or upon receipt when sent by a National Post Office (for dispatch by registered or certified mail, postage prepaid) or by recognized express courier (all charges prepaid). All such notices shall be addressed to the Party to be notified at the address set forth below, or at such other address as such party may designate by ten (10) days' advance written notice to the other Party.

If to SPONSOR:

[Insert] \_\_\_\_\_

\_\_\_\_\_

If to SJDEFIIRB:

Office of SJDEFIIRB

3<sup>rd</sup> Floor, Fray Juan Clemente Holistic Health Center,  
Don B. Hernandez, Pasay City, Philippines

IN WITNESS WHEREOF, duly authorized representatives of the Parties have executed this Agreement as set forth below.

SPONSOR

SJDEFIIRB

\_\_\_\_\_

\_\_\_\_\_

Finance Service Director

Date of Signing: \_\_\_\_\_

Date of Signing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IRB Chair

Date of Signing: \_\_\_\_\_

Date of Signing: \_\_\_\_\_