



**LETTER OF APPOINTMENT OF IRB MEMBER (FORM 1.1)**

\_\_\_\_\_

Date

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\_\_\_\_\_

Dear \_\_\_\_\_

I have the honor to appoint you as a Member of the Bicol University College of Medicine IRB for a period of two years, effective \_\_\_\_\_ until \_\_\_\_\_. As a member, you will have the following roles and responsibilities:

- Participate in the IRB meetings
- Review, discuss and consider research proposals submitted for evaluation
- Assess serious adverse event reports and recommend appropriate action(s)
- Review the progress reports and monitor ongoing studies as appropriate
- Check progress and final reports
- Maintain confidentiality of the documents and deliberations of IRB meetings
- Declare any conflict of interest;
- Participate in continuing education activities in research methodology and research ethics

If you agree with the terms of this appointment, please sign on the space provided below, date your signature, and return one copy of this letter to the Bicol University College of Medicine IRB Secretariat. Sign, date and submit your latest curriculum vitae and a copy of the Confidentiality and Conflict of Interest Agreement.

Very truly yours,

\_\_\_\_\_

Dean  
 Bicol University College of Medicine

Conforme:

\_\_\_\_\_

(Print name and sign)

\_\_\_\_\_

Date