



ETHICAL CLEARANCE

EC REFERENCE No.	Protocol Title/No.	
Principal Investigator/Institute	Address	Date of Approval
Email Address & Contact No.	Sponsor/CRO	Valid Unit
<p>This clinical trial has been approved by the MJH ERC to be Minimal/Moderate/ High Risk. The frequency of Continuing Review Reporting shall be monthly</p>		
<p>The following documents were reviewed and approved for use in this study.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protocol <input type="checkbox"/> Informed Consent Forms ICP <input type="checkbox"/> Other Study Materials <p>Below are additional study documents included in the review as basis for the approval of the study.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Investigator's Brochure <input type="checkbox"/> Curriculum Vitae & Good Clinical Practice (GCP) Certificate of Investigators. <p style="text-align: center;">_____ Chair, Ethics Review Committee</p> <p>(Note: This Ethical Clearance carries with Principal Investigator's commitment to comply with International and national guidelines on Good Clinical Practice. Please see attached for strict compliance.)</p>		
<p>† (This Committee is recognized by SIDCER Strategic Initiative for developing Capacity in Ethical Review) and FERCAP (Forum for Ethical Review Committee in Asia and the Western Pacific and Accredited by PHREB (Philippine Health Review Ethics Board)).</p> <p>† The Committee is fully compliant with the regulations as they relate to ethics committee and the conditions and principles of Good Clinical Process.</p>		