<dd/mm/yyyy>

**<NAME OF PI>**

**PRINCIPAL INVESTIGATOR**

<Institution/Affiliation>

<Address>

**Re: <STUDY PROTOCOL TITLE><MMMC-RERC CODE>**

Dear **<TITLE OF MEMBER><SURNAME>**:

We wish to inform you that the MMMC-RERC will be conducting a Site Visit on <date, time>. As part of the site visit, please prepare the following:

1. The study protocol and the ICF (note: all versions)
2. All post-approval documents
3. Investigators Brochure
4. All study related documents

If you have any questions regarding the information outlined in this notification, you may visit the MMMC – RERC office located at the 6th floor of MAB 3, Mary Mediatrix Medical Center, JP Laurel Highway, Lipa City. Or you may call the Administrative Staff at telephone number (043) 773-6800 local 1194 for assistance.

Thank you and best regards.

Very truly yours,

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| --- |
| Name and Signature |

Chair, Research Ethics Review Committee

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_