<dd-mm-yyyy>

<name and designation>

<address>

Dear <name>

We are pleased to inform you that you have been appointed by the undersigned to be a **MEDICAL MEMBER** of the MMMC-RERC.

As a member of the committee, you will be primarily responsible to do scientific review of submitted protocols and to review the informed consent form, focusing on the ethical soundness and other relevant issues related to your specialty. This is in line with the primary function of MMMC-RERC which is to perform ethical review of submitted research proposals and to make appropriate recommendations to ensure the safety of human participants recruited into a study.

If you accept the nomination, you will be appointed for a period of **3 years *effective (date and year)*,** with no prejudice to the possibility of re-appointment.

The terms of reference for your appointment are as follows:

* *Makes timely and thorough review of the protocol given to you for evaluation, focusing on the following:*
	+ *Identification of pertinent issues that impacts participant autonomy and safety, e.g. identification of vulnerability, evaluation of risk/benefit ratio and inclusion and exclusion criteria, etc.*
	+ *Identification of issues concerning research implementation (e.g. recruitment process, ICF process, sample size, specimen handling, participant visits, analysis, etc.)*
	+ *Evaluation of site suitability and qualifications of the investigators and research team*
* *Accomplishes and submits assessment forms/post-approval review forms in a timely manner.*
* *Familiarizes yourself with SOP’s of the MMMC-RERC, your terms of reference, and the international and national guidelines on research ethics*
* *Participates actively in the monthly meetings and other MMMC-RERC meetings. It is expected that a member will have at least 75% attendance during the period of appointment because attendance is vital and integral to the effectiveness of the MMMC-RERC as a review board*
* *Participates in Site Visits and similar activities as needed*
* *Maintains confidentiality of documents and deliberations of MMMC-RERC meetings*
* *During MMMC-RERC Meetings, declares any conflict of interest in general and for specific protocols for review*
* *Participates in required training as stipulated in* ***SOP 1.7:*** *Training of Regular MMMC RERC Members and Personnel. Proof of attendance in such training activity must be submitted to the Secretariat*
* *Submits updated and signed curriculum vitae at the start of each calendar year*
* *Refers to the MMMC-RERC Chair any suggestion, complaint, or grievance of research participants, Pl’s, and/or sponsors for appropriate discussion during the monthly RERC meeting*
* *Does other MMMC-RERC related duties that may be requested of him/her by the chair*
* *In addition to the above responsibilities, the non-scientific member (lay or community representative) is responsible for assessing the informed consent process and form. The non-affiliated member/s ensures independence of the RERC from influence of institutional authority.*

Kindly signify your agreement to this appointment by signing in the space provided below, date your signature and return one copy of this letter to the MMMC-RERC Administrative Staff. Should you have any questions regarding this letter, you may visit the MMMC-RERC Administrative Staff for assistance.

Thank you and our best regards.

Respectfully yours,

<TITLE, NAME, SURNAME> and <SIGNATURE>

MEDICAL DIRECTOR, Mary Mediatrix Medical Center

Date <dd/mm/yyyy>

NOTED BY:

<TITLE, NAME, SURNAME> and <SIGNATURE>

CHAIR, MMMC-RERC

Date <dd/mm/yyyy>

CONFORME:

<TITLE, NAME, SURNAME> and <SIGNATURE>

Date <dd/mm/yyyy>