<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 **NON-MEDICAL MEMBER** of the MMMC-RERC.

As a member of the committee, you will be tasked to review the informed consent form and the ethical soundness and related issues of the study protocol from the perspective of a lay person. 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 informed consent form (ICF) given to him/her for evaluation, focusing on the following:*
	+ *Comprehensibility and appropriateness of language/dialect used and the correctness of regional translations and clarity of contents of the ICF*
	+ *Provide pertinent context on issues specific to the site concerning the conduct of the study in the local community.*
	+ *Identification of pertinent issues that impacts participant autonomy and the principles of beneficence, maleficence and justice, e.g. risk-benefit ratio, vulnerability, appropriateness of compensation, enticement*
* *Accomplishes and submits ICF assessment form in a timely manner.*
* *Familiarizes him/herself with SOP’s of the RERC, his/her terms of reference, and the international and national guidelines on research ethics*
* *Participates actively in the monthly meetings and other 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 RERC as a review board*
* *Participates in Site Visits and similar activities as needed*
* *Maintains confidentiality of documents and deliberations of RERC meetings*
* *During 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 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 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>