<dd/mm/yyyy>

<TITLE, NAME, SURNAME>

DESIGNATION

ADDRESS

Dear <Title, Surname>:

I am pleased to inform you that you have been appointed to be the **CHAIR/ VICE-CHAIR/ MEMBER-SECRETARY/ MEMBER** of the Mary Mediatrix Medical Center – Research Ethics Review Committee. The primary function of the MMMC-RERC is to perform ethical review of research proposals to ensure the safety of human participants recruited by the study.

If you accept this, you will be appointed for a period of **3 yrs *effective (date and year)***, renewable upon recommendation of the MMMC-RERC members and approval of the MMMC – Medical Director. The terms of reference of such appointment are as follows:

(*INSERT FUNCTIONS AS APPROPRIATE*)

If you agree with the terms of this appointment, please signify your confirmation by signing in the space provided below, date your signature, and return one copy of this letter to the MMMC – RERC Administrative Staff. Also, if you have any questions regarding the information outlined in this letter of appointment, 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.

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>