<Date>

<Name of Principal Investigator>

<Designation>

<Institution>

<Address>

<Contact Number>

Dear <Title, Name>,

This is to inform you of the SPUP REC decision related to your application for review of the following documents:

|  |  |
| --- | --- |
| SPUP REC Protocol Code |  |

|  |  |
| --- | --- |
| Protocol Title |  |
| Principal Investigator |  |
| Adviser |  |

|  |  |
| --- | --- |
| Type of Submission |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Protocol Version No. |  | Version Date |  |
| ICF No. |  | Version Date |  |

|  |  |
| --- | --- |
| SPUP REC DECISION | |
| Type of Review  Expedited Review  Full Review  Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Decision  Approved  Minor Revisions Required  Major Revisions Required  Disapproved |

|  |
| --- |
| Details of Action Required from the Principal Investigator (PI) |
|  |

The researcher is directed to comply with and address the above-mentioned comments and recommendations in adherence to the ethical requirements of research and resubmit (using Form 8A Resubmission form) an enhanced copy of his/her proposal incorporating suggested recommendations.

Very truly yours,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chairperson, Research Ethics Committee

*Please note that revisions requested by the SPUP REC should:*

1. be integrated into a revised research proposal and related documents in three (3) printed copies.
2. be integrated in the Form 5A: Protocol Resubmission Form with the first column filled out with recommendations and the second column with page number and line number where the respective revision may be found.
3. be underlined and bold-faced; and
4. include a footer (on all pages) that indicates both the DATE and VERSION NUMBER of the resubmitted

protocol.

Please note that the cut-off date for submission of revised protocol is on <Date>. Also, please note that resubmissions can only be accepted within 15 days from the date of this letter. Failure to respond within 15 days from the date of this letter may inactivate the application. A grace period of another 15 days will be given before proceeding to archiving of application. Should you have any questions or clarifications regarding the above-mentioned recommendations, please contact the undersigned through the St. Paul University Philippines Research Ethics Committee (SPUP REC) Secretariat at (078) 396 –1987 to 1994 local 211 or rec@spup.edu.ph.

The SPUP REC looks forward to your immediate action.

|  |  |  |  |
| --- | --- | --- | --- |
| Received by  (Printed Name and Signature) |  | Date Received |  |