



# LUNG CENTER OF THE PHILIPPINES

## INSTITUTIONAL ETHICS REVIEW BOARD

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Last Name		First Name	
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Position in the IERB		Address	
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Date of 1 <sup>st</sup> Appointment		Contact Number	
		Email Address	

Educational Background	
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Research and Ethics Training/s	
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### WORK EXPERIENCE

A. Previous Work Experience	
B. Present Work Experience	
C. Research-related Experience	

Signature		Date	
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*Note: Use separate paper if necessary*