



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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CONFIDENTIALITY AGREEMENT FOR GUESTS/OBSERVERS

I, _____, understand that I am allowed to attend the LCPIERB meeting and/or have supervised access to the LCPIERB file as a/an _____. During the meeting of the LCPIERB and opening of LCPIERB files, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take reasonable measures to keep the information **confidential**.

Date of IERB Meeting: : <dd/mm/yyyy>

Purpose of attendance/access : _____

Signature over printed name

Date:

Chairman, LCP-IERB

Date: