



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

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NOTICE OF REVIEW

<date>

<TITLE, NAME, SURNAME OF PI>

Principal Investigator

<Institution/Affiliation>

<Address>

LCP-IERB CODE		Sponsor Protocol Number	
Protocol Title			

Dear <TITLE > <SURNAME>:

We would like to request you to be the **PRIMARY REVIEWER** of the study protocol stated above of <Name of PI>. This will be <discussed during full board meeting/an expedited review> on <date of meeting> at the LCPIERB Office, 4th floor, Room 4013.

The results of your review need to be indicated in the following attached study assessment forms:

1. LCPIERB Form 4 (E) - 2018: PROTOCOL DOCUMENT REVIEW FORM
2. LCPIERB Form 4 (F) - 2018: INFORMED CONSENT EVALUATION FORM

To facilitate protocol processing, kindly return the completed and signed study assessment forms **seven (7) days before the regular meeting**. Additionally, the e-copy of these forms has been sent to you via email, should you prefer to send the forms electronically.

Thank you.

Very truly yours,

<NAME OF SECRETARY>

Secretary, LCP-IERB