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|  | **University of the Philippines Manila**  **RESEARCH ETHICS BOARD**  Room 126, National Institutes of Health, UP Manila  623 Pedro Gil Street, Ermita, 1000 Manila  *Telephone*: +63 2 8526-4346; *Email*: upmreb@post.upm.edu.ph |

<dd/mm/yyyy>

<TITLE, NAME, SURNAME>

DESIGNATION

ADDRESS

Dear <Title, Surname>:

I am pleased to inform you that you have been nominated to be **PANEL CHAIR/PANEL SECRETARY/PANEL MEMBER /SAE COMMITTEE CHAIR/SAE COMMITTEE SECRETARY/SAE COMMITTEE MEMBER/TECHNICAL SECRETARIAT STAFF** of the University of the Philippines Manila Research Ethics Board (UPMREB) <Name of Review Panel/SAE Committee>. The primary function of the UPMREB Review Panels/SAE Committee is to perform ethical review of research proposals /to perform reviews of reported adverse events and make appropriate recommendations to the Review Panel to ensure the safety of human participants recruited by the study.

If you accept this nomination, you will be appointed for a period of \_\_\_\_\_\_, renewable \_\_\_\_\_\_\_, upon recommendation of the UPMREB Chair and approval of the UPM Chancellor. The terms of reference of such appointment are as follows:

(*INSERT FUNCTIONS AS APPROPRIATE*)

*SOP I-4.10.3 for Panel Chair*

*SOP I-4.10.4 for Panel Secretary*

*SOP I-4.10.5 for Panel Member with SOP I-4.10.5.1 for Scientific or Medical and Non-Scientific Member and SOP I-4.10.5.2 for Affiliated or non-Affiliated Member*

*SOP I-4.10.6 for SAE Committee Chair*

*SOP I-4.10.7 for SAE Committee Secretary*

*SOP I-4.10.8 for SAE Committee Member*

*SOP I-4.10.12 for Technical Secretariat Staff*

<If Technical Secretariat Staff: At the end of your contract with UPMREB, a period of disengagement is required to be observed before you can transfer employment to **direct clients** of UPMREB such as principal investigators and sponsors. This is to mitigate the potential conflict of interest that may arise since your UPMREB work includes direct access to confidential information covered by UPMREB FORM 1(C): Confidentiality Agreement and Conflict of Interest. The period of disengagement will be determined on a case to case basis commensurate to the period of appointment in UPMREB.>

If you agree with the terms of this nomination, please signify your confirmation by signing in the space provided below, date your signature, and return one copy of this letter to the UPMREB Secretariat. Also, if you have any questions regarding the information outlined in this letter of appointment, you may visit the UPMREB Secretariat at the address and contact details indicated above for assistance.

Thank you and best regards.

Very truly yours,

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| <Title, Name, Surname> and Signature |

Chair, UP Manila Research Ethics Board

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| <Title, Name, Surname> and Signature |

CONFORME of Nominee

Date: <dd/mm/yyyy>

**NOTED:**

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| <Title, First Name, Last Name> and Signature |

Vice-Chancellor for Research, UP Manila

Date: <dd/mm/yyyy>