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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>:

The **UPMREB** is inviting you to be an Independent Consultant, in your capacity/expertise in **(EXPERTISE),** to provide expert review of study protocols which require scientific or medical expertise not represented in the current composition of the board or those which board has ascertained to require additional expert review.

The responsibilities of an Independent Consultant are as follows:

1. Submission or accomplishment of the following documents
   1. Copy of **CURRICULUM VITAE** [**UPMREB FORM 1(B)2012]**
   2. Signed **CONFIDENTIALITY AGREEMENT AND CONFLICT OF INTEREST** **DISCLOSURE FORM** [**UPMREB FORM 1(C)2012]**
2. Provision of the following consultation services
   1. Completion of the **STUDY** **PROTOCOL ASSESSMENT FORM [UPMREB FORM 2(C)2012]**
   2. Completion of the **INFORMED CONSENT ASSESSMENT FORM [UPMREB FORM 2(D)2012]**
   3. Attend the UPMREB panel meeting when invited where deliberations on said protocols will be made.
   4. Return all protocol-related materials to the UPMREB Secretariat Staff after review.
   5. Submit an updated and signed CV annually.

If you agree to accommodate this request, please sign the *conforme* below and submit the documents indicated in ***1.a*** and ***1.b*** above, to facilitate processing of your appointment. As an independent consultant, you will be entitled to standard honorarium package effective during your appointment period.

Thank you.

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>