



**INSTITUTIONAL ETHICS AND REVIEW BOARD**  
12<sup>th</sup> Floor, Our Mother of Perpetual Succour Medical Specialty Center  
Perpetual Succour Hospital  
Gorordo Avenue, Cebu City  
Tel No/Fax No: +63-32-342-0853

## EC Review Fee

PSH-IERB  
Form 1E

**Date**

**Name**

Principal Investigator  
Perpetual Succour Hospital  
Cebu City

**PSH-IERB CODE:**

**PROTOCOL NUMBER:**

**PROTOCOL TITLE:**

**RE: EC REVIEW FEE**

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**Dear,**

Peace be with you!

As required by the Perpetual Succour Hospital-Institutional Ethics and Review Board, please remit the amount of One Hundred Thousand Pesos (Php 100,000.00) **net of tax** as onetime payment for the review fee of the abovementioned clinical trial.

Please make your payment in cheque payable to **PERPETUAL SUCCOUR HOSPITAL – INSTITUTIONAL ETHICS AND REVIEW BOARD.**

Thank you very much for your kind attention in this regard.

Sincerely,

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PSH-IERB Chairperson