



**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**

<h1 style="margin: 0;">Review of Amendments</h1>	<b>PSH-IERB Form 4B</b>
--	-----------------------------

PSH-IERB Code:		Date Submitted:	
Protocol Number/Study Title:			
Sponsor:		Sponsor's Local Address:	
Principal Investigator:	Sub-Investigator:	Study Coordinator:	
Email address:		Contact No.:	

Date of Initial Approval:
Documents to be Amended: please specify _____
<i>(Highlight the changes made)</i>
<b>Note: (Attach two copies of the amended documents together with the Letter of Intent. Include summary of the revisions made on the protocol and the list of documents submitted)</b>

Submitted by: <i>SIGNATURE OVER PRINTED NAME</i>	DATE:
---	-------

<b>For IERB Members:</b>  <b>Please indicate decision and state the reason and action required to continue the study.</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required: _____  _____ Reviewer's signature over printed name Date reviewed: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required: _____  _____ Reviewer's signature over printed name Date reviewed: _____
---	---	---