



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

Protocol Deviation Response Letter to PI

PSH-IERB
Form 4I

PSH-IERB CODE:

CLINICAL PROTOCOL NUMBER:

PROTOCOL TITLE:

PRINCIPAL INVESTIGATOR:

We have received and reviewed the Protocol Deviation dated _____
for the above named protocol.

Date of Deviation	<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Deviation by PI <input type="checkbox"/> Deviation by Subject
Description of Deviation:		
Corrective Action by Principal Investigator:		
Sponsors Assessment of Severity:		

After thorough review of the document (study continuation is granted/enrolment for study is suspended/training on ___ is recommended/study is scheduled for site visit on ___/ further action/information is needed: specify).

PSH-IERB Chairperson

Date: