



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

Request for Review/ Revision of SOP

PSH-IERB
Form 9A

TO :

FROM : _____ **Signature:** _____

SUBJECT: Request for review / revision of SOP

DATE : _____

Please consider for review and possible revision the following provision/s of our Standard Operating Procedure (SOP):

Enumerate the provision/s recommended for review and/or revision:

1)

Ground / Reason for review:

2)

Ground / Reason for review:

Received copy: _____
(Signature over printed name)

Date & Time of Receipt: _____