|  |  |
| --- | --- |
|  | **Far Eastern University – Dr. Nicanor Reyes Medical Foundation** **INSTITUTIONAL ETHICS REVIEW COMMITTEE** Rm 218, 2nd Floor, Institute of MedicineRegalado Avenue near Dahlia Street, West Fairview, Quezon City 1118Telefax: +63 (02) 8-9838338 loc 1236; Email: ierc@feu-nrmf.edu.ph |

<mm/dd/yyyy>

<TITLE, NAME, SURNAME>

President

Far Eastern University – Dr. Nicanor Reyes Medical Foundation

Dear <Title, Surname>:

I am pleased to nominate <TITLE, NAME, SURNAME> to be appointed/reappointed **CHAIR/ VICE CHAIR/ SECRETARY/ REGULAR MEMBER/ ALTERNATE MEMBER/ SECRETARTIAT** of the Far Eastern University - Dr. Nicanor Reyes Medical Foundation Institutional Ethics Review Committee (FEU-NRMF IERC). The primary function of the FEU-NRMF IERC is to perform ethical review of research proposals /to perform reviews of reported adverse events and make appropriate recommendations to ensure the safety of human participants recruited by the study.

If appointed/reappointed, his/her term will be for a period of \_\_\_\_\_\_, from (mm/dd/yyyy) to (mm/dd/yyyy), renewable \_\_\_\_\_\_\_, upon recommendation of the FEU-NRMF IERC Chair and your approval. The terms of reference of such appointment/reappointment are as follows:

(*INSERT FUNCTIONS AS APPROPRIATE*)

*SOP I-4.5.1 for Chair*

*SOP I-4.5.2 for Vice Chair*

*SOP I-4.6.3 for Secretary*

*SOP I-4.6.4 for Member*

*SOP I-4.6.5 for Secretariat*

Thank you and best regards.

Very truly yours,

|  |
| --- |
| <Title, Name, Surname> and Signature  |

Chair, FEU-NRMF Institutional Ethics Review Committee

**Recommended by:**

|  |
| --- |
| <Title, First Name, Last Name> and Signature |

Chair, Research Center for Development, FEU-NRMF

Date: <mm/dd/yyyy>

**Endorsed by:**

|  |
| --- |
| <Title, First Name, Last Name> and Signature |

Vice President for Academic Affairs, FEU-NRMF Institute of Medicine

Date: <mm/dd/yyyy>

|  |
| --- |
| <Title, First Name, Last Name> and Signature |

Chief Medical Officer, FEU-NRMF Medical Center

Date: <mm/dd/yyyy>