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

<mm/dd/yyyy>

<TITLE, NAME, SURNAME>

DESIGNATION

ADDRESS

Dear <Title, Surname>:

The **FEU-NRMF IERC** is inviting you to be an Independent Consultant, in your capacity as a/an **(EXPERTISE),** to provide expert review of study protocols which require scientific or medical expertise not represented in the current composition of the board or those which board has ascertained to require additional expert review.

The responsibilities of an Independent Consultant are as follows:

1. Submission or accomplishment of the following documents
   1. Copy of **CURRICULUM VITAE** [**FEU-NRMF IERC FORM 1(B)2022]**
   2. Signed **CONFIDENTIALITY AGREEMENT AND CONFLICT OF INTEREST** **DISCLOSURE FORM** [**FEU-NRMF IERC FORM 1(C)2022]**
   3. Copy of **Good Clinical Practice (GCP)** Training Certificate
2. Provision of the following consultation services
   1. Completion of the **STUDY** **PROTOCOL ASSESSMENT FORM [FEU-NRMF IERC FORM 2(C)2022]**
   2. Completion of the **INFORMED CONSENT ASSESSMENT FORM [FEU-NRMF IERC FORM 2(D)2022]**
   3. Attend the FEU-NRMF IERC meeting when invited where deliberations on said protocols will be made or alternatively, submit results of review to the FEU-NRMF IERC Secretariat if unable to attend the meeting.
   4. Return all protocol-related materials to the FEU-NRMF IERC Secretariat Staff after review.
   5. Submit an updated and signed CV annually.

If you agree to accommodate this request, please sign the *conforme* below and submit the documents indicated in ***1.a*** and ***1.b*** above, to facilitate processing of your appointment. As an independent consultant, you will be entitled to standard honorarium package effective during your appointment period.

Thank you.

Very truly yours,

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| <Title, Name, Surname> and Signature |

Chair, FEU-NRMF Institutional Ethics Review Committee

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| <Title, Name, Surname> and Signature |

CONFORME of Nominee

Date: <mm/dd/yyyy>