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| C:\Users\Admin\Desktop\LOGO SEAL.png | C:\Users\Admin\Desktop\CIM CVGH.png | C:\Users\Admin\Desktop\cebu velez 07222011_20110721214530_10.JPG | **CERTIFICAE OF EXEMPTION** |
| **I INSTITUTIONAL REVIEW BOARD****79 F. RAMOS ST., CEBU CITY****Tel. 253-7413 Fax. (63-32) 253-9127** |  | **FORM 2.2B** |

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| **Certificate of Exemption from Ethics Review** |
| This is to certify that the following protocol and related documents have been reviewed and granted **exemption from review** by the **CIM CVGH IRB** for implementation |
| **EXPIRY of DATE OF APPROVAL**  |  |
| **IRB REF No.** |  |
| **Sponsor Protocol No** |  |
| **Sponsor** |  |
| **Title:** |
| **Principal Investigator/s:** |  |
| **Protocol Version No.** |  | **Version Date** |  |
| **ICF Version No.** |  | **Version Date** |  |
| **Other documents submitted** |  |
| *Responsibilities of the PI** *Submit any amendment, progress report that changes the Risk and benefit ratio and final report once the study has been completed*
 |
|  |  |  |
| **REC Chair Person Name** | **Signature** | **Date** |