|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\Admin\Desktop\LOGO SEAL.png | C:\Users\Admin\Desktop\CIM CVGH.png | C:\Users\Admin\Desktop\cebu velez 07222011_20110721214530_10.JPG | **CERTIFICATE OF**  **COMPLETION** |
| **I INSTITUTIONAL REVIEW BOARD**  **79 F. RAMOS ST., CEBU CITY**  **Tel. 253-7413 Fax. (63-32) 253-9127** | |  | **FORM 4.3B** |

|  |  |
| --- | --- |
| **FORM 4.3B**  **CERTIFICATE OF COMPLETION** | |
| IRB REF No. |  |
| Title: |  |
| Principal Investigator/s: |  |
| **This is to certify that the above-mentioned research paper has been completed and submitted to the Research Committee**  **Secretary**  **Research Committee** | |
| **FOR IRB USE ONLY** | |
| Recommended Action:  \_\_\_\_\_\_ Approve  \_\_\_\_\_\_ Request further information, specify  \_\_\_\_\_\_ Recommend further action, specify  \_\_\_\_\_\_ (e.g. Require protocol/ ICF amendment, re-consent) to address concerns about patient safety)  Other Comments:  Primary Reviewer: Signature: Date: | |