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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 | **CERTIFICATE OF****COMPLETION** |
| **I INSTITUTIONAL REVIEW BOARD****79 F. RAMOS ST., CEBU CITY****Tel. 253-7413 Fax. (63-32) 253-9127** |  | **FORM 4.3B** |

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| **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: |