






	<p>Republic of the Philippines          Department of Health, Center for Health Development (CHD) IV-CALABARZON  <b>BATANGAS MEDICAL CENTER</b>          Batangas City  <b>ISO 9001:2015 CERTIFIED</b></p>	  
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**BATANGAS MEDICAL CENTER  
RESEARCH ETHICS REVIEW COMMITTEE**

<b>FINAL REPORT (FORM 3.4)</b>			
RERC Protocol No.		Approval Date	
Protocol Title			
Principal Investigator			
Phone Number:		E-mail address:	
Sponsor's Name			
Address			
Phone Number:		E-mail address:	
Study site(s):			
Total Number of study participants:		No. of Study Arms	
Number of participants who received the test articles:			
Study materials:			
Treatment form:			
Study dose(s):			
Duration of the study			

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## BATANGAS MEDICAL CENTER RESEARCH ETHICS REVIEW COMMITTEE

Objectives:	
Results: (Use extra blank paper, if more space is required)	
Conclusion: (add more space as needed)	
<b>DATE SUBMITTED:</b>	
<b>Signature of P.I.</b>	
<b>PRIMARY REVIEWERS:</b> (signature over printed name)	
<b>DECISION:</b> APPROVED: <input type="checkbox"/> MINOR REVISIONS: MAJOR REVISIONS: <input type="checkbox"/> DISAPPROVED: <input type="checkbox"/>	<b>Justification for recommended action:</b>
<b>DATE:</b>	
<b>Noted by: Chairman</b>	
<input checked="" type="checkbox"/> TMC RERC	