



APPOINTMENT LETTER OF ALTERNATE MEMBER

Date

Dr.
(Title/Affiliation)

Dear Dr. ,

Part OF THE MISSION VISION OF THE Research Committee under the Department of Medical Education and Research is to encourage and strengthen research output from our staff and trainees. This can only be realized with the active participation of the majority.

As an alternate member, you will have the following roles and responsibilities:

1. Participate in regular RERB meetings
2. Review, discuss, and consider all research proposals submitted to the RERB for evaluation and approval.
3. Assess serious adverse event reports arising from the trials and recommend appropriate action/s.
4. Review the progress reports and monitor ongoing trials as appropriate.
5. Check progress and final reports of trials.
6. Maintain confidentiality of the documents and deliberations of RERB meetings.
7. Declare any conflict of interest.
8. Participate in continuing educational activities in research methodology and research ethics.

If you agree with the terms of this appointment, please sign on the space provided below, date your signature, and return one copy of this letter to the CGHMC RERB secretariat. Kindly sign, date, and submit your latest curriculum vitae and a copy of the Confidentiality and Conflict of Interest Agreement.

Sincerely yours,

Chair, Research Ethics Review Board
CGHMC

Date

Chair,
Department of Medical Education and Research
CGHMC

Date

Conforme:

(Print name & sign)

Date