То
Chairman
Institutional Review Board
University of Public Health, Yangon
Ministry of Health
Republic of the Union of Myanmar
Date:
Subject: Submission of (revised proposal/ proposal) on "" for ethical clearance
Please accept submission of the (revised proposal/ proposal) entitled "" for ethical clearance.
*Signature of Principal Investigator :
Name of Principal Investigator :
Designation :
* For exceptional cases, if there are two principal investigators both shall sign the agreement