<dd/mmm/yyyy>

**<Name of PI>**

Principal Investigator

Peregrine Eye and Laser Institute

50 Jupiter St., Bel-air Makati City

**Re: <Protocol Title><PELI-IRB Code>**

Dear **<Name of PI>:**

We wish to inform you that the **Peregrine Eye and Laser Institute-Institutional Review Board (PELI-IRB)** acknowledged receipt of *<Post-approval document>* received last <date received>.

Upon review of *<Submitted Document>*, the IRB action is **REQUEST INFORMATION.**  Recommended revisions and/or clarifications are summarized below:

Please note that the cut-off date for submission is on*<Insert deadline>***.** Should you have any questions or clarifications regarding the abovementioned recommendations, please contact the undersigned at (02) 511-8506 or irb@peregrineeye.com.

The PELI-IRB looks forward to your immediate response and action.

Very truly yours,

**CHELSEA ELIZABETH SAMSON, MD-MBA**

Chair, PELI-IRB

