



**DE LA SALLE**  
**MEDICAL AND HEALTH SCIENCES INSTITUTE**

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By signing this Conforme, I have:

- Understood the objectives of *(please check)*:
  - Statistical services
  - English Editing and Proofreading services
  - Translation services
- Understood the step by step process of requesting to avail the service including the turnaround time.
- Sworn to agree and abide with all the provisions stipulated in the guidelines.

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**Researcher's Signature Over Printed Name**

**Date**

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**Research Adviser's Signature Over Printed Name**

**Date**

