**APPLICATION FORM FOR ETHICS REVIEW OF RESEARCH PROTOCOLS**

**Instruction to the Researcher:**

Please accomplish this form and ensure that you have included in your submission the documents that you check below *(Section 3. Checklist of Documents)*

**I. GENERAL INFORMATION**

Protocol Code\*

Study Protocol Title:

Initial Submission Amendment/SAE/SUSAR

 Resubmission Progress Report

 Continuing Review Terminal/Final Report

Type of Submission:

Name:

Position:

Address:

Contact Numbers:

Email address:

Researcher/s Principal Investigator:

Name:

Co- Researcher/s

 *(if any)*

Basic Research

Clinical Trials

Social and Observational Research

Health Research

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Thesis

Masteral Thesis

Doctoral Dissertation

Funded Research

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature and

Type of Study

 Research from the University Research outside the University

Sponsored by Pharmaceutical Company

Specify:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Others: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Self- Funded

Government- Funded

Scholarship/Research Grant

Institution-Funded

Source of

Funding

|  |  |  |
| --- | --- | --- |
| **HAS THE RESEARCH UNDERGONE TECHNICAL REVIEW**? | * **YES** *(please attach*

*technical review results)* | * **NO**
 |
| **HAS THE RESEARCH BEEN SUBMITTED TO ANOTHER RESEARCH ETHICS COMMITTEE**? | * **YES**
 | * **NO**
 |

|  |
| --- |
| **II. BRIEF DESCRIPTION OF THE STUDY***(use additional sheet if necessary)* |
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| --- |
| **III. CHECKLIST OF DOCUMENTS FOR SUBMISSION** |
| **BASIC REQUIREMENTS:*** Letter request for review
* Endorsement/Referral Letter
* Foreign Institutional Ethics Review Approval (if applicable)
* Full Proposal/Study Protocol
* Technical Review Approval
* Curriculum Vitae of Researcher
* Informed Consent Form
	+ English version
	+ Filipino version
	+ Others
* Assent Form *(if applicable)*
	+ English version
	+ Filipino version
	+ Others
 | **SUPPLEMENTARY DOCUMENTS** *(if applicable)***:*** Questionnaire
* Data Collection Forms
* Product Brochure
* Philippine FDA Marketing Authorization or Import License
* Permit(s) for special populations
* Others

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| **ACCOMPLISHED BY:** *(Signature over printed name)*Principal Investigator | **DATE SUBMITTED:** |
| **------------- TO BE FILLED OUT BY THE REC SECRETARIAT -------------** |
| **COMPLETENESS OF DOCUMENT** | * Complete
* Incomplete
 | (place stamp here) |
| **REMARKS** |  |
| **DATE RECEIVED:** |  |
| **RECEIVED BY:** |  |