**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)* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | |
| **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:** |  | |