**Application Form for Ethics Review of Research Proposals**

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

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| **I. GENERAL INFORMATION** |
| **TITLE****OF STUDY** |  |
| **REC CODE***(To be provided by REC)* |  | **STUDY SITE** |  |
| **NAME****OF RESEARCHER** |  | **CONTACT INFORMATI ON** | **TEL NO**: |
| **MOBILE NO**: |
| **CO-RESEARCHER/S***(if any)* |  | **FAX NO**: |
| **EMAIL**: |
| **NAME OF****INSTITUTION** |  |
| **INSTITUTION ADDRESS** |  |
| **TYPE OF STUDY** | * Clinical Trial *(Sponsored)*
* Clinical Trials

*(Researcher-Initiated)** Health Operations Research

*(Health Programs and Policies*)* Social or Behavioral Research
* Public Health or
 | * Biomedical research *(Retrospective, Prospective and Diagnostic Studies)*
* Stem Cell Research
* Genetic Research
* Internet Research
* Others:
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|  |  |  |
| --- | --- | --- |
|  | Epidemiologic |  |
| * Multicenter

*(International)* | * Multicenter

*(National)* | * Single Site
 |
| **SOURCE****OF FUNDING** | * Self-Funded
* Government-Funded
* Scholarship/Research Grant
* Institution-Funded
 | * Sponsored by Pharmaceutical Company

Specify:* Others:
 |
| **DURATION****OF THE STUDY** | **START DATE**: | **NUMBER OF STUDY PARTICIPANTS** |  |
| **END DATE**: |
| **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**
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| **II. BRIEF DESCRIPTION OF THE STUDY** *(use additional sheet if necessary)* |
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| **III. CHECKLIST OF DOCUMENTS FOR SUBMISSION** |

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| **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)* | **DATE SUBMITTED:** |
| **------------- TO BE FILLED OUT BY THE REC SECRETARIAT -------------** |
| **COMPLETENESS OF DOCUMENT** | * Complete
* Incomplete
 | (place stamp here) |
| **REMARKS** |  |
| **DATE RECEIVED:** |  |
| **RECEIVED BY:** |  |