**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:** |  | |