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

**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 INFORMATION** | **TEL NO.:**  |
| **MOBILE NO.:**  |
| **CO-RESEARCHER/S (IF ANY)** |  | **FAX NO.:**  |
| **EMAIL:**  |
| **NAME OF INSTITUTION** |  |
| **INSTITUTION ADDRESS** |  |
| **TYPE OF STUDY** | [ ] Clinical Trials (Sponsored)[ ] Clinical Trials (Researcher-Initiated)[ ] Health Operations Research (Health Programs and Policies)[ ] Social / Behavioral Research[ ] Public Health / Epidemiologic Research | [ ] Biomedical research (Retrospective, Prospective and Diagnostic Studies)[ ] Stem Cell Research[ ] Genetic Research[ ] Internet Research[ ] Others:  |
| **STUDY SITE** | [ ] Multicenter (International) | [ ] Multicenter (National) | [ ] Single Site |
| **SOURCE OF FUNDING** | [ ] Self-Funded[ ] Government-Funded[ ] Scholarship/Research Grant[ ] Institution-Funded | [ ] Sponsored by Pharmaceutical CompanySpecify: [ ] 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 |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **ACCOMPLISHED BY:** | **DATE SUBMITTED:** |
| Enter Full Name. |  Enter here. |
| *(Signature over printed name)* |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*TO BE FILLED OUT BY THE REC SECRETARIAT\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| **COMPLETENESS OF DOCUMENT** | [ ] Complete[ ] Incomplete | (place stamp here) |
| **REMARKS:** |   |
| **DATE RECEIVED:** |   |
| **RECEIVED BY:** |   |