**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 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 | | |
| **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:** | |  | |