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|  | **JOSE MARIA COLLEGE**  FOUNDATION, INC.  **RESEARCH ETHICS COMMITTEE** | JMCFI-REC Form No. | 6.1 |
| Revision No.: | 2 |
| **Application for Ethics Review**  **of a New Protocol** | Approval Date: | August 19, 2022 |
| Effective Date: | August 26, 2022 |

***Instructions to the Researcher/s: 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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| **1. General Information** | | | | |
| Title of the Study: |  | | | |
| REC Code: |  | Study Site: |  |
| Name of Researcher/s: |  | Contact Information | Tel. No.:  Mobile No.:  Fax No.:  Email Address: |
| Co-researcher/s (if any): |
| Institution: |  | | | |
| Address of Institution: |  | | | |
| Type of Study: | Clinical Trial (Sponsored)  Clinical Trial  (Research-initiated)  Health Operations Research  (Health Programs and  Policies)  Social/Behavioral Research  Public Health/Epidemiologic  Research  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Biomedical Research  (Retrospective, Prospective and  diagnostic studies)  Stem Cell Research  Genetic Research  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Multicenter (International) Multicenter (National)Single Site | | |
| Source of Funding: | Self-funded  Government-funded  Scholarship/Research Grant | Sponsored by  Pharmaceutical Pharmacy  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution-funded  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Duration of the Study | Start Date:  End Date: | No. of Participants in the Study: |  |
| Has the Research undergone Technical Review? | | Yes (please attach technical  review results)  No | |
| Has the Research been submitted to another REC? | | Yes  No | |
| **2. Brief Description of the Study** | | | |
|  | | | |
| **3. Checklist of the Documents** | | | |
| **Basic Requirements:**  Letter Request for Review (by researchers)  Endorsement/Referral Letter (by dean/adviser)  Full proposal/Study protocol (Revised Manuscript)  Certificate of Proposal Defense (c/o Research Dept)  Technical Review Approval (c/o Research Dept)  Curriculum Vitae of Researcher/s  Confidentiality Agreement  Receipt of REC Payment  Budget  GANTT Chart  Dummy Table of Results  Informed Consent Form  English Version  Filipino Version  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_  Assent Form (if applicable)  English Version  Filipino Version  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Supplementary Documents:**  Questionnaire (if applicable)  Data Collection Forms  (if applicable)  Product Brochure (if applicable)  Philippine FDA Marketing  Authorization or Import License  (if applicable)  Permit/s for special populations  (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Accomplish:  Signature  Date Submitted: | | | |
| **------------------------------ To be filled out by REC Secretariat ------------------------------** | | | |
| **Completeness of Document:** | Complete  Incomplete | (place stamp here) | |
| **Remarks:** |  |
| **Date Received:** |  |
| **Received by:** |  |