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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 ResearchOthers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  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:SignatureDate Submitted: |
|  **------------------------------ To be filled out by REC Secretariat ------------------------------** |
| **Completeness of Document:** | Complete Incomplete | (place stamp here) |
| **Remarks:** |  |
| **Date Received:** |  |
| **Received by:** |  |