USM	**Research Ethics Committee**		
	APPLICATION FOR ETHICS REVIEW OF A NEW PROTOCOL	REC Form No.	1.1
		Version No.	Ø
		Date of Effectivity *(to be provided by REC)*	

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).

1. 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 *(if any)*			Fax No:
			*Email:
*Institution			
*Address of Institution			
*Type of Study	☐ Clinical Trial (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) ☐ Genetic Research ☐ Others: _____		
*Location	☐ Multicenter (International)	☐ Multicenter (National)	☐ Single Site
*Source of Funding	☐ Self-funded ☐ Government-Funded ☐ Scholarship/Research Grant ☐ Sponsored by a Pharmaceutical Company Specify: _____ ☐ Institution-Funded ☐ Others: _____		

*Duration of the study	Start date: End date:	No. of study participants	
*Has the Research undergone review by a technical panel or (for theses) examining committee?	☐ Yes *(please attach technical review results)* ☐ No		
*Has the Research been submitted to another REC?	☐ Yes	☐ No	

2. Brief Description of the study *(at most 300 words)*

3. Checklist of Documents

Basic requirements:

☐ USM Research Ethics Form 3 (available in USM RDE website)
☐ Data Collection Forms (e.g., questionnaire, survey, etc)
☐ Full proposal/study protocol *(must include the elements of research ethics in methodology)*
☐ Technical Review Approval or Approved Thesis Outline
☐ Curriculum Vitae of Researcher/s
☐ Informed Consent Form
  ☐ English version ☐ Filipino version
  ☐ Others _____
☐ Assent Form *(if applicable)*
  ☐ English version ☐ Filipino version
  ☐ Others: _____
☐ Legally Authorized Representative *(if applicable)*
  ☐ English version ☐ Filipino version
  ☐ Others: _____

Supplementary Documents:

☐ Letter request for review *(if applicable)*
☐ Endorsement/Referral Letter *(if applicable)*
☐ Product Brochure *(if applicable)*
☐ Philippine FDA Marketing Authorization or Import License (if applicable)
☐ Permit/s for special populations *(please specify)*

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☐ Others *(please specify)*
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Accomplished by: _____ Printed Name and Signature		**Date submitted:**
---------- **To be filled by the REC Secretariat** ----------		
Completeness of Document	☐ **Complete** ☐ **Incomplete**	(place stamp here)