	SAN PEDRO COLLEGE-RESEARCH ETHICS COMMITTEE (SPC-REC)	Form No: 12
	APPLICATION FOR CONTINUING REVIEW	Version No: 5
		Approval Date: September 2020
		Effective Date: September 2020

(to be filled by the researcher/investigator)

SUBMISSION DATE:					
REC PROTOCOL NUMBER:					
RESEARCH TITLE:					
INSTITUTION:					
DEPARTMENT:					
PROGRAM:					
STUDY DURATION:					
PRINCIPAL INVESTIGATOR:					
CONTACT NUMBER:					
E-MAIL ADDRESS:					
MENTOR/ADVISER:					
MENTOR'S E-MAIL ADDRESS:					
CERTIFICATE OF APPROVAL (COA) EFFECTIVITY PERIOD:					
RESEARCH FUNDING:	<p style="color: red;"><i>Please check the box.</i></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> <td style="background-color: #cccccc;">Researcher Funded</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Others: <input style="width: 80%;" type="text"/></td> </tr> </table>	<input type="checkbox"/>	Researcher Funded	<input type="checkbox"/>	Others: <input style="width: 80%;" type="text"/>
<input type="checkbox"/>	Researcher Funded				
<input type="checkbox"/>	Others: <input style="width: 80%;" type="text"/>				

PROGRESS REPORT	
START OF STUDY	
EXPECTED END OF STUDY	
NUMBER OF ENROLLED PARTICIPANTS	
NUMBER OF REQUIRED PARTICIPANTS	
NUMBER OF PARTICIPANTS WHO WITHDREW	
DEVIATIONS FROM THE	



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APPROVED PROTOCOL	
NEW INFORMATION (LITERATURE OR IN THE CONDUCT OF THE STUDY) THAT MAY SIGNIFICANTLY CHANGE THE RISK-BENEFIT RATIO	
ISSUES/PROBLEMS ENCOUNTERED	
JUSTIFICATION FOR APPLICATION FOR CONTINUING REVIEW	

(To be filled-in by SPC-REC only)

ASSESSMENT BY THE PRIMARY REVIEWER	YES	NO	COMMENTS
Do the risks to the study participants remain reasonable in relation to anticipated benefits?			
Are there new findings in the IB or literature (e.g., important toxicity or adverse event information) that need to be included in the informed consent?			
Is there a need to revise the ICF?			
Is there a need to re-consent subjects enrolled in the study?			
Are there concerns about conduct of the research team (e.g., suspension of medical			

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license, frequent protocol violation, patient or third party complaints, etc.) or institutional commitment that may affect patient safety?			
Are there concerns about patient safety, inability to comply with the protocol, high dropout rate that affect study implementation?			

***Check the protocol file (approved protocol upon COA release) to ensure consistency of the progress report with actual reports (SAE, protocol deviation/ violation, etc.) submitted by the PI.**

RECOMMENDED ACTION	
	Approved
	Request further information, specify:
	Recommend further action, specify:
	e.g. Require protocol/ ICF amendment, re-consent) to address concerns about patient safety

OTHER COMMENTS/SUGGESTIONS



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SPC-REC CHAIRPERSON	SIGNATURE	DATE