Registration and Application Form
For Initial Review and Resubmission

SECTION I: APPLICATION INFORMATION	
1. Study Protocol Code:	1.1 UPCHE REC CODE:[1]
2. Study Protocol Title	
3. Principal Investigator	
4. Birthdate	
5. PI Address (Institutional Address)	
6. PI Telephone:	
7. PI Mobile:	
8. PI Email:	
9. Date of Submission (to be filled by Admin Secretary)	
10. Date of Resubmission (to be filled by Admin Secretary, if applicable)	
11. Study Category	☐ 11.1 Research involving human participants ☐11.2 Research not involving human participants ☐ 11.3 Others (indicate):
12. Type of Study	☐ **12.1 Non-clinical trial**, specifically (choose one): ☐ Socio-behavioral Research ☐ Operations/process research ☐ Sensory evaluation (Indicate specific type): _____ ☐ Socio-cultural ☐ Socio-economic ☐ **12. 2 Public health research** including epidemiologic research (prevalence, surveys, incidence) ☐ **12.3 Biomedical studies** include preventive, retrospective, prospective and diagnostic studies, and use of human material and data ☐ **12.4 Health operations research** includes studies on health programs and policies ☐ **12.5 Post Marketing Assessment** ☐ **12.6 Others, please indicate:** _____

[1]To be issued upon initial processing by UPCHE REC

13. Category of Research Proponent/Principal Investigator	☐ UPCHE Employees, Faculty and Staff ☐ UPCHE Undergraduate Student: Name of thesis adviser: _____ Email address: _____ ☐ UPCHE Graduate Students Name of research adviser: _____ Email address: _____ ☐ Non-UPCHE (NOTE: This category requires completion of *PART IV: AUTHORIZATION AND ACKNOWLEDGEMENT OF REVIEW* below. Included are institutions which are considered allied field of specialization of the CHE subdisciplines) ☐ Others, please specify:
14. Reason for conducting study	Check all that applies: ☐ 8.1 Academic requirement (Thesis, Dissertation, Training Requirement) ☐ 8.2 Faculty initiated ☐8.2.1 with collaborator (please specify) Single-institution: _____ Multi-institution: _____ ☐8.2.2 Without collaborator ☐ 8.3 Commissioned work (specify commissioning institution) ☐ 8.4 Others (indicate):

15. Study Protocol Synopsis	*Please write a synopsis (maximum 500 words) of the study in the space provided below based on the specified components. Kindly provide sufficient details to ensure a comprehensive synopsis. The page where the components may be found in the full study protocol or in annexes/appendices can be indicated at the end of each paragraph per component. If items are not applicable, indicate by N/A. Attach the full study protocol to this application. Make a diagrammatic workflow and attach it to the study protocol.* **1. Technical Synopsis** a. Objectives/Expected output b. Literature review rationalizing the design c. Research design d. Sampling design, sample size e. Inclusion criteria, exclusion criteria, withdrawal criteria f. Data collection plan g. Specimen collection and processing plan (including plans for specimen storage and duration of storage) h. Data analysis plan (including statistical basis for design, as applicable) i. Rationalization for choice of study site (including capacity of site to address known risks of study protocol, such as availability of equipment and facilities, as applicable) (Cross reference information with statements provided in the informed consent)

	2. Ethical Considerations Section a. Protection of privacy and confidentiality of research information including data protection plan b. Vulnerability of research participants c. Risks of the study (including social risks) d. Benefits of the study e. Patient-related compensations/reimbursements/entitlements f. Informed consent process and recruitment procedures g. Terms of reference of collaborative study (as applicable, such as intellectual property agreements and similar concerns) h. Terms of available study-related insurance
16. Study Duration (in months)	
17. Use of special populations or vulnerable groups	☐ Children (under 18) ☐ 0 – under 7 ☐ 7 – under 12 ☐ 12 – under 15 ☐ 15 – under 18 ☐ Indigenous People ☐ Elderly ☐ People on welfare/social assistance ☐ Poor and unemployed ☐ Patients in emergency care ☐ Homeless persons ☐ Refugees or displaced persons ☐ Patients with incurable diseases ☐ Pregnant women ☐ Lactating women ☐ Persons deprived of liberty ☐ Victims of crimes & corruption ☐ LGBTQIA+ ☐ People with mental disorder ☐ Abusers of drugs & alcohol ☐ National minorities ☐ Rural workers & rural population ☐ Malnourished people ☐ Person with disabilities ☐ Children with special needs ☐ Families of migrant workers ☐ Patients with known disorder ☐ Not applicable ☐ Others (indicate):

18. Endorsing/College/ Unit/ Institution	☐ Department of Clothing, Textile and Interior Design (CHE) ☐ Department of Family Life and Child Development (CHE) ☐ Department of Food Science and Nutrition (CHE) ☐ Department of Home Economics Education (CHE) ☐ Department of Hotel, Restaurant and Institution Management (CHE) ☐ Non-UPCHE (local): <name of institution> ☐ Non-UPCHE (foreign institution): <name of institution>
19. Study site	☐ UPCHE unit ☐ Non-UPCHE with local IRB/ERB/ERC (please specify) ☐ Non-UPCHE without local IRB/ERB/ERC (please specify)
20. Funding agency:	**15.1 (NAME):**
	TYPE OF FUNDING AGENCY
	☐ UP Diliman ☐ Investigator ☐ PHL Government agency/office/entity ☐ Multilateral Agency (UN agencies and other intergovernmental agencies) ☐ Private company or Non-governmental organization (NGO) ☐ Others (indicate):
21. Study Budget	NOTE: This refers to line item amounts. However, if a separate budget sheet is available, indicate total amount and attach budget sheet
22. Previous ethics approval or clearance issued by other sites	Name of Institutional Review Board or Ethics Review Committee: Date of ethics approval: Date of expiration of ethics approval: Not applicable
23. Other Ongoing studies	Title: UPCHE REC Code (if applicable): / Title: UPCHE REC Code (if applicable):
	Title: UPCHE REC Code (if applicable): / Title: UPCHE REC Code (if applicable):
24. Declaration of Conflict of Interest of PI	☐ I have no conflict of interest in any form (financial, proprietary, professional) with sponsor, the study, Co-Investigators, or the site
	☐ I have personal/family financial interest in the results of the study
	NATURE:
	☐ I Have proprietary interest in the research (patent, trademark, copyright, licensing)
	NATURE:
25. Other investigators with corresponding task description *(add*	Co-Investigator: Task description:

additional rows as applicable)	Co-Investigator: Task description:	
26. Submitted by:		
	Study designation	
27. PI signature		

SECTION II: SCIENTIFIC/TECHNICAL REVIEW APPROVAL ENDORSEMENT

This section should be signed by the Chair/Head of the Scientific/Technical Review committee/office that reviewed the scientific soundness of the study and issued the appropriate approval. Alternatively, results of Scientific/Technical Review disposition may be appended to this application, instead of completing this section, provided that the information required below had been appropriately addressed.

STUDY PROTOCOL TITLE:	<with Version Number and Date>
Principal Investigator:	<Title, Given Name, M.I., Surname>

I confirm that the (NAME OF SCIENTIFIC/TECHNICAL REVIEW COMMITTEE/OFFICE/PANEL) has reviewed and approved the following study protocol-related information: Objectives/Expected output supported by literature review; overall research design; sampling design, sample size, Inclusion/exclusion/ withdrawal criteria; data collection plan and specimen collection, processing, and storage as applicable; data analysis plan including statistical design/framework, as applicable.

Issuing committee/office/panel:		
Head of committee/office/panel/thesis adviser:		
Printed Name & Signature:		Date of Signature:

SECTION III: INSTITUTIONAL ENDORSEMENT

*This section should be signed by the head of unit of the Principal Investigator. This section is required only for initial submission, **provided there are no changes in study protocol information below.***

STUDY PROTOCOL TITLE:		
Principal Investigator:		

I confirm that I have read this Application and that the research will be implemented under the oversight of this Department/Institution in accordance with the conditions of approval by the UPCHE REC.

Issuing Dept/College/Institution:		
Head of Dept/College/Institution:		
Printed Name & Signature:		Date of Signature:

SECTION IV: AUTHORIZATION AND ACKNOWLEDGEMENT OF REVIEW

*This section should be completed by the signatory official who can sign on behalf of the institution that has oversight on the research site, **IF the research site is OUTSIDE the scope of authority of UPCHE and the PI is non UPCHE personnel**. If not applicable, put N/A in all fields. This section is required only for initial submission, **provided there are no changes in study protocol information below.** In case regional IRB will opt not to review, attach letter of endorsement.*

STUDY PROTOCOL TITLE:	
Principal Investigator:	

This is to certify that the **<NAME OF RESEARCH SITE>:**

1) Has no local Institutional Review Board/ Ethics Review Committee; and 2) Authorizes and acknowledges the UP College of Home Economics Research Ethics Committee (UPCHE REC), located at the Alonso Hall, UP Diliman Campus, Quezon City, to perform the ethical review of the abovementioned study protocol in accordance with international ethical standards and national regulatory requirements, and oversee the conduct of the research study which includes progress monitoring, adverse event monitoring, and site visits.		
Name of Research Site		
Address of Research Site		
Name of Signatory Official		
Position of Official		
Signature		Date of Signature:

FOR REC USE:

Received by: _____ **Date:**
Name and Signature

ACTION ON APPLICATION:

Type of Review:	**Assigned Reviewers:**
☐ Exempt from Review ☐ Expedited Review ☐ Full Review	Scientist: Non-scientist:

Name and Signature: _____ **Date:**
Chair/Member Secretary