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Region 1 Health Research and Development Consortium (R1HRDC) Ethics Review Committee

ERC FORM 15 CHECKLIST

Version no: 02
Approval Date:
January 29, 2024
Effective Date:
February 1, 2024

Code:	
(to be provided by R1HRDC ERC) Protocol Title:	
Frotocorritie.	
Name of investigator:	
Institution:	
☐ Checklist (.pdf format)*	
☐ Application Form (to include disclosure of non-COI) *	
☐ Technical Endorsement/approval *	
☐ Study Protocol*	
☐ Synopsis/ protocol summary*	
☐ Research/study instruments/ data collections forms*	
☐ Informed Consent – English*	
☐ Informed Consent - local language*	
☐ Assent forms (as necessary)*	
☐ Budgetary requirements*	
☐ CV of Principal Investigators and team members and advisers*	
☐ Training Certificates (GCP)*	
$\ \square$ Letter of intent by the researcher addressed to the ERC Chair Dr. Hilarion H. Maramba Jr.*	
☐ Study Protocol assessment form (.docx format)	
\square Informed consent assessment form (.docx format)	
☐ Electronic copy of the Study Protocol	
☐ Investigators brochure for clinical trials	
☐ Memorandum of agreement (if applicable)	
☐ Material Transfer Agreement (if applicable)	
☐ Previous ethical approvals (if applicable)	
☐ Clearances/ regulatory documents (NCIP, BAI)	
☐ Plagiarism scan/check report *	
Checked by:	
Complete?	□Yes □No
Remarks:	
Verified complete and	
received by: Date received:	
Date received:	

For queries, please email the R1HRDC-ERC Secretary Ms. Liezel Biag Gambol at biagliezel.r1hrdc@gmail.com or visit her at MMMHMC – Office of the Medical Center Chief, City of Batac, Ilocos Norte.