	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:	
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)*
☐ Letter of intent by the researcher addressed to the ERC Chair Dr. Hilarion H. Maramba Jr.*
☐ Study Protocol assessment form (.docx format)
☐ 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:	

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.