Northern Bukidnon State College
Research Ethics Committee

REC Form No.	E-03
Version No.	1
Date of Approval: December 09, 2025	
Effectivity Date: December 09, 2025	

INFORMED CONSENT CHECKLIST

Title of the Study			
REC Code		Type of Review	
Proponent		Institution	
Reviewer		Primary Reviewer	☐ Yes ☐ No

Guide questions for reviewing the informed consent process and form

Is it necessary to seek the informed consent of the participants?

☐ Unable to Assess ☐ Y ☐

No <u>If NO, please explain.</u>

<u>If YES,</u> are the participants provided with sufficient information regarding:

• Purpose of the study?	☐ Yes	☐ No
• Expected duration of participation?	☐ Yes	☐ No
• Procedures to be carried out?	☐ Yes	☐ No
• Discomforts and inconveniences?	☐ Yes	☐ No
• Risks (including possible discrimination)?	☐ Yes	☐ No
• Random assignment to the trial treatments?	☐ Yes	☐ No
• Benefits to the participants? ☐ Not applicable	☐ Yes	☐No
• Alternative treatments/ procedures? ☐ Not applicable	☐ Yes	☐No
• Compensation and/or medical treatments in case of injury?	☐ Yes	☐ No
• Who to contact for pertinent questions and / or for assistance in a research- related injury?	☐ Yes	☐ No

• Refusal to participate or discontinuance at any time will involve penalty or loss of benefits to which the subject is entitled?	☐ Yes	☐ No
• Extent of confidentiality?	☐ Yes	☐ No
Is the informed consent written or presented in simple language that participants can understand?	☐Yes	☐ No

Does the protocol include an adequate process for ensuring that consent is voluntary?	☐ Yes	☐ No

Do you have any other concerns?

Recommendation:

☐ **Approved**

☐ **Minor revisions required**

_____

_____

_____

☐ **Major revisions required**

_____

_____

_____

☐ **Disapproved**

Reasons for disapproval:

_____

Name and Signature of Reviewer	Review Date