

## UP College of Human Kinetics Research Ethics Committee (UPCHKREC)

## INFORMED CONSENT CHECKLIST

Form No.	2
Version No.	4
Date of Effectivity	13-Feb-2025

Title of Study	
Researcher	
Co-researcher/s	
Institution	
Institution	
Address	

Guide questions for reviewing the informed consent process and form					
Is it necessary to seek informed consent of the participants?	• Yes • No				
If NO, please explain:					
If YES, are the participants provided with sufficient information	n regarding:				
Purpose of the study?	• Yes • No • Not Applicable				
Expected duration of participation?	• Yes • No • Not Applicable				
Procedures to be carried out?	• Yes • No • Not Applicable				
Discomforts and inconvenience?	• Yes • No • Not Applicable				
Risks involved?	• Yes • No • Not Applicable				
Random assignment to treatment/s?	• Yes • No • Not Applicable				
Benefits to the participants?	• Yes • No • Not Applicable				
Alternative treatments/procedures?	• Yes • No • Not Applicable				
Compensation and/or medical treatments in case of injury?	• Yes • No • Not Applicable				
<ul> <li>Who to contact for pertinent questions and/or for assistance in a research-related injury?</li> </ul>	• Yes • No • Not Applicable				
Refusal to participate or discontinuance at any time?	• Yes • No • Not Applicable				
Extent of confidentiality?	• Yes • No • Not Applicable				
Is the informed consent written or presented in simple language that participants can understand?	• Yes • No • Not Applicable				

Does the protocol include an adequate process for ensuring that consent is voluntary?

• Yes • No • Not Applicable

## To be accomplished by UPCHKREC Reviewer

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• No revisions rec	uired, proceed with final r	eview.		
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• Disapproved. Re	easons for disapproval:			
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Name of Reviewer				
Signature		Review Date		
