	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 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
• Who to contact for pertinent questions and/or for assistance in a research-related injury?	• 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

Recommendation:

- No revisions required, proceed with final review.
- Re-submit application with the following **minor revisions** required:

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- Re-submit application with the following **major revisions** required:

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- Disapproved. Reasons for disapproval:

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Name of Reviewer			
Signature		Review Date	
