



**DAVAO CENTER FOR HEALTH DEVELOPMENT
JOINT RESEARCH ETHICS COMMITTEE**

DCHD JREC Office, JICA Building, Southern Philippines Medical Center, Bajada Davao City 8000 The Philippines
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FORM 03 Review Application Form

DOH XI DCHD JREC Protocol number (YYMMDDNN) (To be filled up by JREC)	Sponsor Protocol Number
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Submitted by		Date submitted		Signature	
Received by		Date received		Signature	

Title			
Principal investigator			
Institute			
Department (for SPMC)			
Co-investigator/s			
Name of Consultant Co-Author			
Email of Consultant Co-Author			
Classification	Research by SPMC resident physicians Research by students (e.g., Graduate School, Medical School, College, etc.) Research by external agencies (e.g., NGO, pharmaceutical company, etc.) Research by residents from other hospitals Research by SPMC Personnel and other than resident physicians		
Expected duration of the study			
Proposed sample size			
Proposed date to start study			
Proposed date to end study			
Sponsor	Pharmaceutical, specify _____ NGO, specify _____ GO, specify _____ Bilateral agency, specify _____ Mixed, specify _____ Others, specify _____ Personal expenses of principal investigator		
By signing this Application Form, I undertake to address my competing interests, uphold scientific integrity, and respect and protect human subjects during the conduct of my research.			
Signature over Printed Name of PI	Date	Signature of Coauthor	Date

Contact details

Contact person	
Address	



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Telephone number	
Fax number	
Mobile phone number	
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