|  |  |  |
| --- | --- | --- |
| |  | | --- | | logo copy*p* **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. Building  A.H. Lacson St., Sampaloc, Manila 1015 Philippines  Telephone: +63 2 8731-3001 local 2610  Email: [*usth\_irb@yahoo.com.ph*](mailto:usth_irb@yahoo.com.ph)Website*: usthrec.online*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila |   **APPLICATION FORM FOR ETHICS REVIEW OF A NEW PROTOCOL** | |
|  | |
| **Instructions to the Researcher:**  Please complete this form accurately. Submit it along with a cover letter addressed to the REC Head. Attach the basic requirements as listed in the REC F06 Requirements Checklist. Submit this F07 Form as PDF files via **usthrec.online** | **Receiving Stamp/**  **Date of Submission:**  **CLICK TO ENTER TEXT.** |
|  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REC Protocol Reference No.:**  *\*to be assigned by USTH-REC* | | | | | | | **CLICK TO ENTER TEXT.** | | | | | | | | | | | | | | | | | |
| **Protocol No./Title:** | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Principal Investigator:** | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Contact No.:** | Click to enter text. | | | | | | | | | | | **Email address:** | | | | | | | | | Click to enter text. | | | |
| **Co-Investigator:**  *\*add fields as needed* | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Contact No.:** | Click to enter text. | | | | | | | | | | | **Email address:** | | | | | | | | | Click to enter text. | | | |
| **Study Coordinator:** | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Contact No.:** | Click to enter text. | | | | | | | | | | | **Email address:** | | | | | | | | | Click to enter text. | | | |
| **Research/**  **Faculty Adviser :** | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Sponsor:** | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Office Address:** | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Contact No.:** | Click to enter text. | | | | | | | | | | | **Email address:** | | | | | | | | | Click to enter text. | | | |
| **Contract Research Organization (CRO):** | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Office Address:** | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Contact No.:** | Click to enter text. | | | | | | | | | | | **Email address:** | | | | | | | | | Click to enter text. | | | |
| **Category of Investigator:** | | USTH Consultant | | | | USTH Trainee  Fellow | | | | | | | USTH Trainee Resident | | | | | | USTH Trainee Graduated | | | | USTH  Employee | |
| UST  Faculty | | | | UST  Graduate Student | | | | | | | | | UST  Undergraduate Student | | | | | | | | Others: | |
| Investigator initiated research: | | | | | | | | | | | | | | Non-investigator-initiated research: | | | | | | | | |
| **Type of Study** | | **Clinical trial (sponsored):** | | | | | |  | | | **Social/behavioral research:** | | | | | | | | |  | | **Biomedical research:** | |  |
| * *Phase 1* | | | | | |  | | | * *KAP* | | | | | | | | |  | | * *diagnostics* | |  |
| * *Phase 2* | | | | | |  | | | * *public health intervention* | | | | | | | | |  | | * *prospective* | |  |
| * *Phase 3* | | | | | |  | | | **Public health/ epidemiologic research:** | | | | | | | | |  | | * *Retrospective/ review of medical records* | |  |
| * *Phase 4/ PMS* | | | | | |  | | | * *prevalence* | | | | | | | | |  | | **Health operations**: | |  |
| **Clinical trial (researcher-initiated):** | | | | | |  | | | * *incidence* | | | | | | | | |  | | * *Health programs & policies* | |  |
| *Multicenter (international)* | | | | | |  | | | * *survey study* | | | | | | | | |  | | **Herbal research** | |  |
| *Multicenter*  *(national)* | | | | | |  | | | **Internet research** | | | | | | | | |  | | **Complementary Alternative Medicine** | |  |
| **Case reports/**  **Case series** | | | | | |  | | | **Meta-analysis/**  **systematic review** | | | | | | | | |  | | **Stem cell research** | |  |
| **Source of funding** | | Self-funded | | | | | |  | | | Scholarship/  Research grant | | | | | | | | |  | | Institution- funded | |  |
| Government funded | | | | | |  | | | Sponsored by pharma company | | | | | | | | |  | | Others: | |  |
| **Duration of the study:**  Click to enter text. | | | | | | | | **Start date:**  Click to enter text. | | | | | | | | | | | | | | **End date:**  Click to enter text. | | |
| **Study Budget For USTH:**  Click to enter text. | | | | | **Study Site**: *\*specify assigned location/office*  Click to enter text. | | | | | | | | | | | | | | | | | **No. of Target Participants:**  Click to enter text. | | |
| **Initial Review Fee** | | **Service Invoice No.** | | | | | | | **Date Issued** | | | | | | | | **Official Receipt No.** | | | | | | **Payment Date** | |
| Click to enter text. | | | | | | |  | | | | | | | | Click to enter text. | | | | | |  | |
| **Institutional Fee** | | **Service Invoice No.** | | | | | | | **Date Issued** | | | | | | | | **Official Receipt No.** | | | | | | **Payment Date** | |
| Click to enter text. | | | | | | |  | | | | | | | | Click to enter text. | | | | | |  | |
| **Has the research undergone technical review?**  \*If yes, attach technical review results | | | | | | | | | | Yes | | | |  | | | | Click to enter text. | | | | | | |
| No | | | |  | | | |
| **Has the research been submitted to another REC?** (e.g. SJREB)  \*If yes, please indicate | | | | | | | | | | Yes | | | |  | | | | Click to enter text. | | | | | | |
| No | | | |  | | | |
| **PRINCIPAL INVESTIGATOR:** | | | | | | | | | | Name & Signature:  **CLICK TO ENTER TEXT.** | | | | | | | | | | | | | Date: | |