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| logo copy*p***UNIVERSITY OF SANTO TOMAS HOSPITAL**RESEARCH ETHICS COMMITTEE6th Floor St. John Macias O.P. BuildingA.H. Lacson St., Sampaloc, Manila 1015 PhilippinesTelephone: +63 2 8731-3001 local 2610Email: *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.** |
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| **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 [ ]  |
| USTFaculty [ ]  | USTGraduate Student [ ]  | USTUndergraduate Student [ ]  | Others: [ ]  |
| Investigator initiated research: [ ]  | Non-investigator-initiated research: [ ]  |
| **Type of Study** | **Clinical trial (sponsored):** | [ ]  | **Social/behavioral research:** | [ ]  | **Biomedical research:** | [ ]  |
| * *Phase 1*
 | [ ]  | * *KAP*
 | [x]  | * *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:   |