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| *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***UNIVERSITY OF SANTO TOMAS HOSPITAL**España Blvd., Manilalogo copy |

**EXEMPTION REVIEW APPLICATION FORM** |
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| **Instruction:** Exempt from Review is a decision made by the REC Head and another officer regarding a submitted study proposal based on criteria in the *NEGRIHP 2022* *The Research Ethics Review Process Guideline 46-50*. This means that the protocol will not undergo an expedited nor a full review. | **Receiving Stamp/****Date of Submission:** |
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| **Category of Study/****Investigator:** | Company Sponsored  | Investigator Initiated/Self-Funded  | ConsultantsFaculty | USTHTrainees | USTH Employees | USTStudents  |  Non-UST |
| **REC Protocol Reference No.:** Click here to enter text. |
| **Protocol No./Title:**Click here to enter text. |
| **Principal Investigator**Click here to enter text. | **Department Section:**Click here to enter text. |
| Office Address: Click here to enter text. | Contact Nos.: Click here to enter text.E-mail Address: Click here to enter text. |
| Co-Investigator: Click here to enter text.  | Department/Section:Click here to enter text.Contact Nos.: Click here to enter text. |
| **EXEMPTION CATEGORIES** |
|[ ]  * Protocols that neither involve human participants nor identifiable human tissue, biological samples, and data (e.g., meta-analysis protocols) shall be exempted from ethical review.
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|[ ]  * Research conducted in established or commonly accepted educational settings involving normal educational practices.
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|[ ]  * Research involving educational tests, survey procedures, interview procedures, or observation of public behavior.
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|[ ]  * Research involving benign behavioral interventions.
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|[ ]  * Secondary research using non-identifiable private information or non-identifiable biospecimens.
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|[ ]  * Research and demonstration projects that are conducted, supported by, or otherwise subject to the approval of a Federal department or agency on public benefit or service programs.
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|[ ]  * Taste and food quality evaluation and consumer acceptance studies.
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| **\*\*\* TO BE FILLED-UP BY THE REC OFFICERS/REVIEWERS** **Please include your signature and date of completion.** |
|  |
| **Reviewer’s comments:**  |
| **PRIMARY REVIEWER:** | Signature over Printed Name:  Click here to enter text. | Date:Click here to enter text. |
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