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| |  | | --- | | *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*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila logo copy |   **EXEMPTION REVIEW APPLICATION FORM** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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:** | | | |
|  | | | | | | | | | | | | |
| **Category of Study/**  **Investigator:** | | Company  Sponsored | | Investigator Initiated/Self-  Funded | Consultants  Faculty | USTH  Trainees | | USTH  Employees | | | UST  Students | 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. | | | | | | | | | | | |
|  | * Research conducted in established or commonly accepted educational settings involving normal educational practices. | | | | | | | | | | | |
|  | * Research involving educational tests, survey procedures, interview procedures, or observation of public behavior. | | | | | | | | | | | |
|  | * Research involving benign behavioral interventions. | | | | | | | | | | | |
|  | * Secondary research using non-identifiable private information or non-identifiable biospecimens. | | | | | | | | | | | |
|  | * 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. | | | | | | | | | | | |
|  | * Taste and food quality evaluation and consumer acceptance studies. | | | | | | | | | | | |
| **\*\*\* 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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