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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 |

**APPLICATION FORM FOR ETHICS REVIEW OF A NEW PROTOCOL** |
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| **Instructions to the Researcher:** Accomplish this form properly and put additional rows if necessary.  | **Receiving Stamp/****Date of Submission:** |
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| **REC Protocol Reference No.:**\*to be assigned by USTH-REC |   |
| **Protocol No./Title:** |   |
| **Principal Investigator:** |   |
| **Contact No.:** |   | **Email address:** |   |
| **Co-Investigator:***\*add fields as needed* |   |
| **Contact No.:** |   | **Email address:** |   |
| **Study Coordinator:** |   |
| **Contact No.:** |   | **Email address:** |   |
| **Research/****Faculty Adviser :** |   |
| **Sponsor :** |   |
| **Office Address:** |   |
| **Contact No.:** |   | **Email address:** |   |
| **Contract Research Organization (CRO):** |   |
| **Office Address:** |   |
| **Contact No.:** |   | **Email address:** |   |
| **Category of Investigator:** | USTH Consultant[ ]  | USTH Trainee[ ]  | USTH Employee[ ]  | USTFaculty[ ]  | USTStudent[ ]  | Others: [ ]  |
| Investigator initiated research[ ]  | Non-investigator initiated research[ ]  |
| **Type of Study** | Clinical trial (sponsored) | [ ]  | Social/behavioral research | [ ]  | Genetic research | [ ]  |
| Clinical trial (researcher-initiated) | [ ]  | Public health/epidemiologic research | [ ]  | Stem cell research | [ ]  |
| Health operations research (health programs & policies) | [ ]  | Biomedical research (retrospective, prospective & diagnostic studies) | [ ]  | Internet research | [ ]  |
| Multicenter (international) | [ ]  | Multicenter(national) | [ ]  | Single site | [ ]  |
| **Source of funding** | Self-funded | [ ]  | Scholarship/Research grant | [ ]  | Institution- funded | [ ]  |
| Government funded | [ ]  | Sponsored by pharma company | [ ]  | Others | [ ]  |
| **Duration of the study:** | **Start date:**  | **End date:**  |
| **Study Budget For USTH:** | **Study Site**:*\*specify assigned location/office* | **No. of Participants:** |
| **Initial Review Fee** | **Charge Slip No.**  | **Date Issued** | **Official Receipt No.**  | **Date of payment** |
|  |   |  |   |
| **Institutional Fee** | **Charge Slip No.**  | **Date Issued** | **Official Receipt No.**  | **Date of payment** |
|  |   |  |   |
| **Has the research undergone technical review?** \*If yes, attach technical review results | Yes  | [ ]  |  |
| No | [ ]  |
| **Has the research been submitted to another REC?** \*If yes, please indicate  | Yes  | [ ]  |  |
| No | [ ]  |
| **Submitted by:**  | **Signature over printed name** |  | **Date:**  |
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