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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 |   **APPLICATION FORM FOR ETHICS REVIEW OF A NEW PROTOCOL** | |
|  | |
| **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 | | | UST  Faculty | | | | | UST  Student | | 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** | | |
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| **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:** | | |
|  | | | | | | | | | | |