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|  | **NATIONAL ETHICS COMMITTEE**  **STANDARD OPERATING PROCEDURES** | | |
| **APPLICATION FORM FOR ETHICS REVIEW OF A RESEARCH PROPOSAL** | NEC Form No. | 03 |
| Version No. | 05 |
| Version Date | 27 September 2024 |

***Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked in Section 3. Checklist of Documents.***

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| **General Information** | | | | | | | | | | |
| \*Title of Study | Click or tap here to enter text. | | | | \*Study Site/s | Click or tap here to enter text. | | | | |
| \*Name of Proponent | Click or tap here to enter text. | | | | Contact Information | \*Tel No: Click or tap here to enter text. | | | | |
| \*Mobile No:Click or tap here to enter text. | | | | |
| \*Co-researcher (if any) | Click or tap here to enter text. | | | | Fax No: Click or tap here to enter text. | | | | |
| \*Email: Click or tap here to enter text. | | | | |
| \*Institution | Click or tap here to enter text. | | | | | | | | | |
| \*Address of Institution | Click or tap here to enter text. | | | | | | | | | |
| \*Type of Study | Clinical Trial (Sponsored)  Clinical Trials (Researcher-initiated)  Health Operations Research (Health Programs and Policies)  Social / Behavioral Research  Public Health / Epidemiologic Research | | | | | Biomedical research (Retrospective, Prospective and diagnostic studies)  Stem Cell Research  Genetic Research  Others Click or tap here to enter text. | | | | |
| \*Study Site | Multicenter (International) | | Multicenter (National) | | | | Single Site | | | |
| \*Source of Funding | Self-funded  Scholarship/Research Grant  Government-Funded  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Sponsored by a Pharmaceutical Company  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution-Funded  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| \*Duration of the study | Proposed Start date: Click or tap here to enter text.  Proposed End date:Click or tap here to enter text. | | | | Proposed No. of study participants: Click or tap here to enter text. | | | | | |
| \*Has the Research undergone Technical Review? | | | | | Yes (please attach technical review results) | | | No | | |
| \*Were the following sections technically reviewed and approved? | | **Title**  **Introduction**  **Background**  **Statement of the Problem**  **Significance of the study**  **Objectives**  **Literature Review**  **Conceptual Framework**  **Methodology:**  Study Design  Study Population  Recruitment Process  Study variables  Sampling:  Sampling Method  Sample Size  Data Collection and Analysis  Instruments and data collection methods  Bias  Data Analysis  **Ethical Consideration**  **Other attachments** | | | | | | | | |
| \*Has the Research been submitted to another ERC? | | | | | | | | | Yes | No |
| **Brief Description of the study** | | | | | | | | | | |
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| **Checklist of Documents** | | | | | | | | | | |
| **Basic requirements:**  Letter request for review  Endorsement/Referral Letter  Foreign Institutional Ethics Review Approval (if applicable)  Full proposal / study protocol  Technical Review Approval with Summary of Technical Review Recommendations and how they were addressed.  Curriculum Vitae of Researcher/s  Informed Consent Form  English version  Filipino version  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assent Form (if applicable)  English version  Filipino version  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Supplementary Documents:**  Questionnaire (if applicable)  Data Collection Forms (if applicable)  Product Brochure (if applicable)  Philippine FDA Marketing Authorization or Import License (if applicable)  Permit/s for special populations (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Accomplished by:** | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and Signature** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** | | | | | | |