| | UP OPEN UNIVERSITY<br>Institutional Research Ethics Committee | | |
|---|---|---|---|
| | **INFORMED CONSENT CHECKLIST** | REC Form No. | 6 (F) |
| | | Version No: | 01 |
| | | Date of Effectivity: | |

| | | | | | |
|---|---|---|---|---|---|
| Title of Study | | | | | |
| REC Code | | Type of Review | | | |
| Proponent | | Institution | | | |
| Reviewer | | | Primary Reviewer | ☐ Yes | ☐ No |
| | | Date Received | | | |

| Guide questions for reviewing the informed consent process and form | | |
|---|---|---|
| Is it necessary to seek the informed consent of the participants?<br><br>IF NO, please explain: | ☐ Unable to assess | ☐ Yes<br>☐ No |
| IF YES, are the participants provided with sufficient information regarding: | | |
| • Purpose of the study? | ☐ Yes | ☐ No |
| • Expected duration of participation? | ☐ Yes | ☐ No |
| • Procedures to be carried out? | ☐ Yes | ☐ No |
| • Discomforts and inconveniences? | ☐ Yes | ☐ No |
| • Risks (including possible discrimination)? | ☐ Yes | ☐ No |
| • Random assignment to the trial treatments? | ☐ N/A | ☐ Yes<br>☐ No |
| • Benefits to the participants? | ☐ Yes | ☐ No |
| • Alternative treatments/ procedures? | ☐ N/A | ☐ Yes<br>☐ No |
| • Compensation and/or medical treatments in case of injury? | ☐ Yes | ☐ No |
| • Who to contact for pertinent questions and / or for assistance in a research- related injury? | ☐ Yes | ☐ No |
| • Refusal to participate or discontinuance at any time will | ☐ Yes | ☐ No |

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| involve penalty or loss of benefits to which the subject is entitled? | | |
| • Extent of confidentiality? | ☐ Yes | ☐ No |
| Is the informed consent written or presented in simple language that participants can understand? | ☐ Yes | ☐ No |
| Does the protocol include an adequate process for ensuring that consent is voluntary? | ☐ Yes | ☐ No |
| Do you have any other concerns? | | |

Recommendation:

☐ Approved

☐ Minor revision/s required

_____

_____

☐ Major revision/s required

_____

_____

☐ Disapproved

Reasons for disapproval:

_____

_____

_____

_____ _____

Name and Signature of Reviewer Review Date