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

| 1. **General Information**
 |
| --- |
| \*Title of Study |  |
| \*REC Code *(To be provided by UPOU IREC)* |  | \*Study Site |  |
| \*Name of Researcher |  | Contact Information | \*Landline No: |
| \*Mobile No: |
| \*Co-researcher (if any) |  | \*Email:  |
|
| \*Institution |  |
| \*Address ofInstitution |  |
| \*Type of Study | * Health Operations Research (Health Programs and Policies)
* Social/Behavioral Research/Humanities
* Public Health/Epidemiologic Research
* Biomedical research (Retrospective, Prospective and Diagnostic Studies)
* Information system research
* Natural
* Interdisciplinary
* Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| \*Research Setting | * Multicenter (International)
* Multicenter (National)
* Single site

Does your Study Site have its own Ethical Review Board?* Yes
* No
 |
| \*Source of Funding | * Self-funded
* Government-funded
* Scholarship/Research Grant/Sponsorship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Institution-Funded
* Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| \*Duration of the study | Start date:End date: | No. of study Participants: |
| \*Has the Research undergone Technical Review?(*Students should submit the official approval forms of the technical panel after study proposal. Admin., Staff, and Faculty members should submit the Clearance from RPC, OGC Director, or Sponsors*) | * Yes by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
 |
| \*Has the Research been submitted to another REC? | * Yes
* No
 |
| 1. **Brief Description of the Methodology of the Study**
 |
| *(Briefly describe the research design, sampling design, and data collection plans)* |
| 1. **Checklist of Documents**
 |
| **Basic Requirements:*** Letter request for review from Researcher to UPOU IREC Chair
* Research Proposal following the UPOU Research and Publications Committee Template *(for Admin, Staff, and Faculty Members)*/ Final and Approved Thesis Chapter 1-3 *(for students)*
	+ Diagrammatic Workflow
	+ Gantt Chart of Study Activities
* Technical Review Approval
* Plagiarism Check Result
* Curriculum Vitae of Researcher/s and study team members
* Training certificate on Research Ethics of researcher/s and the rest of the study team
* Accomplished [Study Protocol Evaluation Form](https://docs.google.com/document/d/1V-e7AKUckaGycvrtx2427psZIR8J0kCdla7WHhYpDdw/edit)
 |
| **Supplementary Documents (if applicable):*** Questionnaire and/or other data collection forms (focus group discussion guide, interview guide, etc.)
* Informed Consent Form
	+ English version
	+ Local language
	+ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assent Form
	+ English version
	+ Local language
	+ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Copy of recruitment advertisement
* Product Brochure
* Clearance from the pertinent or appropriate government agency (if applicable) Ex: NCIP, National Museum, etc.
* Philippine FDA Marketing Authorization or Import License
* MOA/MOU (if collaborative)
* Material Transfer Agreement
* Permit/s for special populations (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. **Submitted by**
 |
| \*Name and Signature |  |
| \*Name and Signature of Primary Investigator |  |
| 1. **Endorsement**
 |
| \*Department/Program |  |
| \*Unit Head/Program Chair |  |
| \*Signature |  |
| \*Date |  |
| ----------To be filled by UPOU IREC Secretariat---------- |
| Completeness of Document | * Complete
* Incomplete
 | (Place stamp here) |
| Remarks |  |
| Date and time Received |  |
| Received by |  |