***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 of  Institution |  | | |
| \*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 |  | |