



De La Salle University

Research Ethics Review Committee

Research Ethics Office, 3F Henry Sy Sr. Hall
De La Salle University Manila
2401 Taft Avenue, Manila 1004, Philippines
REO@dlsu.edu.ph (632) 524-4611 loc. 513

SOP No.: 2

Form No.: 2(H)

Version No.: 1

Version Date: July 2016

DE LA SALLE UNIVERSITY

Checklist D¹

Research Ethics Checklist on the Use of Infectious Agents

This checklist must be completed AFTER the De La Salle University Code of Research Ethics and Guide to Responsible Conduct of Research has been read and BEFORE gathering data. The University Code of Research Ethics is available at http://www.dlsu.edu.ph/offices/urco/forms/URCO-Code-of-Research-Ethics_August2011.pdf

NOTE: *This checklist is completed after the research proponent fills out the General Checklist Form*

Only answer this Checklist if you answered YES on question 4 of the General Checklist.

Researcher Details	
Lead Researcher's Signature	
Lead Researcher's Name (Please Print)	
Email Address(es)	
Department/College	
Proposed Title of the Research	
Term(s) and academic year in which research project is to be undertaken	
Other faculty members involved in project and their department affiliation(s)	

¹ This checklist serves as a guide to make the researcher aware of the ethical issues that may have to be addressed in planning a study.



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Please list the infectious agents/organisms you are going to use/handle in the research.
Provide scientific name.

Classification of infectious agent(s). Please check

- | | |
|--|--------------------------|
| 1. Bacteria | <input type="checkbox"/> |
| 2. Virus | <input type="checkbox"/> |
| 3. Protozoa | <input type="checkbox"/> |
| 4. Fungus | <input type="checkbox"/> |
| 5. Human blood /blood products/body fluids | <input type="checkbox"/> |
| 6. Recombinant products | <input type="checkbox"/> |
| 7. Others (specify): _____ | <input type="checkbox"/> |

Indicate the Risk Group Classification and Biosafety Level of the infectious agent.
Please refer to WHO Risk Classification Criteria and CDC/NIH guideline respectively.

Risk Group Classification:

Biosafety Level:

Please provide a brief description of the data collection procedure to be undertaken in the research:

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The following items refer to some important ethical considerations in the conduct of research with infectious agents. Provide a check for the appropriate answer to each question.

	YES	NO	Not Applicable
1. Will the microorganism you will use for your research come from the collection maintained by the Biology Department of DLSU? If the source is another institution or facility, please identify this source on the space provided. _____			
2. Are you directly obtaining the infectious agent/organism from an infected human or an animal, and will you culture this in the laboratory? If the sample will come from humans, please attach a copy of the informed consent form to this checklist form.			
3. Are you introducing the infectious agent into the body of another organism? If yes, please identify what animal you will use on the space provided. _____			
4. Are you culturing this organism in a laboratory facility within the University? If yes, please specify the facility to be used for culturing the organisms on the space provided. _____ _____			



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<p>5. Is there a possibility that the organism may mutate into a more infectious strain/variety during the conduct of experiments?</p> <p>If yes, please attach to this checklist form a detailed description of the precautions that will be undertaken to address the unfavorable consequences of these mutations.</p>			
	YES	NO	Not Applicable
<p>6. Will you extract genetic materials from this infectious agent?</p> <p>If yes, please indicate the type of materials that will be extracted and how the materials will be extracted on the space provided.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>7. Is there a possibility that infection may spread into the immediate environment and risking the health/life of people within the University?</p> <p>If yes, please attach a detailed description of the procedure that will be undertaken to avoid these risks.</p>			
<p>8. Is there a designated and safe working area within the University where you can perform your experiments?</p> <p>If no, what alternative areas outside the University are you considering?</p> <p>_____</p> <p>_____</p> <p>_____</p>			



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<p>10. Will all the used items be properly decontaminated before disposal?</p> <p>If yes, please attach the description of the procedure for the disposal and where these used items will be disposed.</p>			
<p>11. Are you developing a diagnostic kit/assay/drug in this research?</p> <p>If yes, are you considering on applying for a patent? Please check:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>			
	YES	NO	Not Applicable
<p>12. Is there a business entity that will provide support for this research?</p> <p>If yes, please identify this business establishment or entity on the space provided:</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Answering YES to most of the above items will signal an ethical issue that needs to be addressed. Some actions that will allow adherence to research ethical principles are provided with each item. The researcher is advised to refer to the University's Guide to the Responsible Conduct of Research for the appropriate procedures to ensure adherence to ethical principles in the conduct of research.

Declaration

I certify that I have read and understood the De La Salle University Code for the Responsible Conduct of Research and will abide by the ethical principles in this document.

Name and Signature of Principal Investigator

Date



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FOR GRADUATE and UNDERGRADUATE DLSU STUDENTS ONLY

I confirm that the student(s) is/are capable of undertaking this research in a safe and ethical manner.

Adviser's Name

Signature

Date