



De La Salle University

# Research Ethics Review Committee

3F Henry Sy Sr. Hall  
De La Salle University Manila  
2401 Taft Avenue, Manila 1004, Philippines  
(632) 524-4611 loc. 513

SOP No.: 6

Form No.: 6A

Version No.: 2

Version Date: April 2023

## APPLICATION FOR ETHICS REVIEW

### 1. General Information

Research Project Title:	
Project Code:	
Project Leader:	
Email Address:	
Co-researchers:	
Faculty Adviser:	
College/ Center:	
Type of Research:	<input type="checkbox"/> Health Operations Research <input type="checkbox"/> Social/Behavioral Research <input type="checkbox"/> Public Health/Epidemiologic Research <input type="checkbox"/> Biomedical research (Retrospective, Prospective and Diagnostic Studies) <input type="checkbox"/> Stem Cell Research <input type="checkbox"/> Genetic Research <input type="checkbox"/> Others, please specify:
Funding	<input type="checkbox"/> DLSU Funded (RGM O) <input type="checkbox"/> Self-funded <input type="checkbox"/> Government-Funded <input type="checkbox"/> Scholarship/Research Grant <input type="checkbox"/> Sponsored by a Pharmaceutical Company <input type="checkbox"/> Others
Duration of the study:	Start date: End date:
No. of Participants	
Has the research undergone Technical Review?	<input type="checkbox"/> Yes (if the research is a thesis, please submit a signed Panel Approval Form or signed declaration of panel's approval) <input type="checkbox"/> No
Has the research been submitted to another Ethics Review Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 2. Rationale of the Study



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## 3. Objectives of the Study

## 4. Study Design/ Methodology

## 5. Data Analysis Plan

## 6. Inclusion Criteria

## 7. Exclusion Criteria

## 8. Withdrawal Criteria

## 9. Risks

## 10. Benefits

## 11. Checklist of Documents

### *Basic Requirements:*

- ☐ Research Project Proposal
- ☐ Curriculum Vitae of Principal Investigator and Team Members
- ☐ Informed Consent Form in English
- ☐ Informed Consent Form in Lay Language
- ☐ Assent Form in English (if applicable)
- ☐ Assent Form in Lay Language (if applicable)

### *Supplementary Documents:*

- ☐ Questionnaire (if applicable)



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- ☐ Data Gathering Forms (if applicable)
- ☐ Permit/s for special populations (please specify) \_\_\_\_\_

☐ I/we attest that the submitted documents, including the data gathering instruments, are the final copies for review.

I freely give consent to the collection of my personal contact information and my sensitive personal information pertaining to education, research, and affiliations for the purpose of notification, review of my application and disclosure to accreditation organizations for accreditation purposes. All collected personal data shall be stored electronically in the cloud storage officially subscribed to by the university and stored for five (5) years from the end of the research to be securely disposed of after. This consent shall be valid until the declared legitimate purpose for processing is no longer valid or five (5) years from the end of research whichever comes first. I understand that to exercise my data privacy rights, I shall contact [chairerc@dlsu.edu.ph](mailto:chairerc@dlsu.edu.ph).

<input type="checkbox"/> I consent	_____	Date: _____
Signature over Printed Name (Project Leader)		
<input type="checkbox"/> I consent	_____	Date: _____
Signature over Printed Name (Co-proponent/ Adviser)		
<input type="checkbox"/> I consent	_____	Date: _____
Signature over Printed Name (Co-proponent)		
<input type="checkbox"/> I consent	_____	Date: _____
Signature over Printed Name (Co-proponent)		
<input type="checkbox"/> I consent	_____	Date: _____
Signature over Printed Name (Co-proponent)		
<input type="checkbox"/> I consent	_____	Date: _____
Signature over Printed Name (Co-proponent)		

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*To be filled up by the RERC Staff:*

Completeness of Document	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Remarks	
Date Received	
Received by	