

 De La Salle University	Research Ethics Review Committee	SOP No.: 6
	<p style="text-align: center;"><b>RERC FORM 6A</b></p> <p style="text-align: center;"><b>APPLICATION FOR ETHICS REVIEW</b></p>	Version No. 6
		Approval Date: 10/30/2024
		Effective Date: 10/30/2024

### APPLICATION FOR ETHICS REVIEW

1. GENERAL INFORMATION	
Research Project Title:	
Project Code:	<i>(To be assigned by the RERC Staff)</i>
Project Leader:	
Email Address:	
Team Members:	
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 (RGMO) <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:
What kind of data will be collected?	<input type="checkbox"/> Secondary Data <input type="checkbox"/> Primary Data
Will the study collect data from "human participants"?	<input type="checkbox"/> Yes ( <i>How many participants will be recruited?</i> _____ ) <input type="checkbox"/> No

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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. If there is no panel that approves the research, then a certification from the adviser is sufficient.) <input type="checkbox"/> No
Has the research been submitted to another Ethics Review Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. Rationale of the Study</b>
<b>3. Objectives of the Study</b>
<b>4. Study Design/ Methodology</b>
<b>5. Data Analysis Plan</b>
<b>6. Inclusion Criteria</b>  Does the study involve vulnerable participants? (Please refer to 2022 NEGRIHP, page 91) <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe/Elaborate:
<b>7. Exclusion Criteria</b>

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<b>8. Withdrawal Criteria</b>
<b>9. Risks</b>
<b>10. Benefits</b>
<b>11. Data Management Plan</b>
<b>12. Research Dissemination Plan</b>
<b>13. Checklist of Documents</b>  <i>Basic Requirements:</i>  <input type="checkbox"/> Research Project Proposal <input type="checkbox"/> Curriculum Vitae of Principal Investigator and Team Members <input type="checkbox"/> Informed Consent Form in English <input type="checkbox"/> Informed Consent Form in Lay Language <input type="checkbox"/> Assent Form in English (if applicable) <input type="checkbox"/> Assent Form in Lay Language (if applicable) <input type="checkbox"/> Certificate of Back Translation for Documents Written in Lay Language (if applicable)

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<p><b><i>Supplementary Documents:</i></b></p> <p><input type="checkbox"/> Questionnaire (if applicable)</p> <p><input type="checkbox"/> Data Gathering Forms (if applicable)</p> <p><input type="checkbox"/> Recruitment Protocol (if applicable)</p> <p><input type="checkbox"/> Debriefing Protocol (if applicable)</p> <p><input type="checkbox"/> Permit/s for special populations (please specify)_____</p>
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☐ I/we attest that the submitted documents, including the data gathering instruments, are the final copies for review.


☐ I/we confirm that the salient discussions in the proposal manuscript are included and consistent with the contents of this form.

☐ I/we solemnly declare that participant recruitment and data collection have not begun and will only commence upon receipt of formal research ethics clearance.

I/we 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 [chairrerc@dlsu.edu.ph](mailto:chairrerc@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 (Faculty Adviser)
<input type="checkbox"/> I consent	Date: _____ Signature over Printed Name (Team Members)

*(add consent boxes as needed)*

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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	