

# PALAWAN STATE UNIVERSITY

# R E S E A R C H E T H I C S R E V I E W C O M M I T T E E

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US DOHHS-OHRP Registration No.: IRB00014070

PHREB Accreditation No.: L1-2023-058-01

# APPLICATION FOR REVIEW

Instructions to the Researcher/Investigator: Please complete this form and ensure that you have included the required documents listed in the PSURERC Form 2.1B Application for Review Checklist.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. General Information** | | | | | | | |
| **Study Protocol Title:** |  | | | | | | |
| **PSURERC Code** *(To be provided by PSURERC Staff)* | | |  | | | **Study Site** |  |
| **Lead Researcher/ Principal Investigator** | | |  | | | **Contact Information** | Tel No: |
| Mobile No: |
| **Co-researchers/ investigators**  (if any) | | |  | | | Fax No: |
| Email: |
| **Institution** | | |  | | | | |
| **Address of**  **Institution** (if not from PalSU) | | |  | | | | |
| **Type of Study** | * Clinical Trial (Sponsored) ☐ Biomedical Research (Retrospective, Prospective * Clinical Trials (Researcher-initiated) and Diagnostic Studies) * Health Operations Research (Health ☐ Stem Cell Research Programs and Policies) ☐ Genetic Research * Social / Behavioral Research ☐ Others * Public Health / Epidemiologic Research | | | | | | |
| * Multicenter (International) ☐ Multicenter (National) ☐ Single Site * Multi-site (International) ☐ Multi-site (National) | | | | | | |
| **Source of Funding** | | * Researcher-funded ☐ Sponsored by a Pharmaceutical Company * Government-Funded Specify: * Scholarship/Research Grant ☐ Institution-Funded (Internal funding)   + Others | | | | | |
| **Duration of the Study** | | Start date:  End date: | | | **No. of Study Participants**  (if applicable) | |  |
| **Has the research undergone a technical review?** | | | | * Yes (please attach technical review results) * No | | | |
| **Has the research been submitted to another Research Ethics Committee?** | | | | * Yes (please attach review results/decision) ☐ No | | | |
| **Declaration of conflict of interest, if there is any.** | | | |  | | | |
| **2. Brief Description of the Study** | | | | | | | |
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| **3. Research Integrity Declaration\*\*** | | |
| 3.1 The study involves:   |  |  |  | | --- | --- | --- | |  | Yes | No | | Human Participants a |  |  | | Human Biospecimens a |  |  | | Personal or Sensitive Data (Primary Data Collection) a |  |  | | Personal or Sensitive Data (Secondary Data Set) a |  |  | | Animals b |  |  | | Genetic Engineering in Plants and Animals c |  |  | | Dangerous/Hazardous Materials c |  |  | | Others (e.g., biomaterials, wildlife, endangered species of flora and fauna, regulated resources, protected/conservation areas, heritage sites, ancestral domains, public areas that require permits, privately owned lands, conflict areas, artifacts, dual-use materials, activities that may disrupt the environment, goods that require declaration) d |  |  |   a may require REC approval  b may require IACUC/ACUC approval  c may require Biosafety Committee certification  d may require authorization from appropriate government/official agencies  3.2 The study requires approval (authorization, certification, clearance, consent, or permit) from:   |  |  |  |  | | --- | --- | --- | --- | |  | Yes | No | Remarks | | Research Ethics Committee |  |  |  | | Animal Care and Use Committee |  |  |  | | Biosafety Committee |  |  |  | | Others (e.g., National Commission on Indigenous Peoples, offices under the Department of Environment and Natural Resources, Bureau of Customs, LGU, private land owner, etc.) |  |  |  |   Note: If necessary, please supply information in the Remarks column regarding the name and location of the agency, committee, or relevant entity for the approval of your protocol.  \*\* Adapted from UPLB Graduate Thesis Outline Approval Form   |  | | --- | | **4. Application for Exemption**  *(If you request an exemption from review, please answer the questions below.)* | | | |
| **4.1 Which condition applies to your research? Check all that apply.**   * Research has human participants but does not involve vulnerable groups (Indigenous peoples, pregnant women, children, persons deprived of liberty, persons with disability, patients, etc.) * Research has human participants but will not create vulnerability among them. * Research has human participants but has no more than negligible risks to them. * Research has human participants but will not collect and utilize sensitive data.   **4.2 The following are the categories of research protocols eligible for exemption. In which**  **category do you believe your research fits?**   * Protocols for institutional quality assurance purposes, evaluation of public service programs, public health surveillance, education evaluation activities, and consumer acceptability tests * Research that only includes interactions involving survey procedures, interview procedures,   observation of public behavior (including visual and auditory recording), provided that  there will be no disclosure of the human participant's responses outside the research that could reasonably place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, or reputation; and  the investigator records the information obtained in such a manner that the identity of the human participant cannot readily be ascertained directly or through identifiers linked to the participant.  Protocols that involve the use of publicly available data or information. | | |
| **Accomplished by:**    Signature Date submitted | | |
| **---------------------- To be filled by the PSURERC Secretariat ----------------------** | | |
| **Completeness of Document** | * **Complete** * **Incomplete** |  |
| **Remarks** *(indicate here what is lacking if there are any)* | |
| **Date Received** |  |
| **Received by**  (print name & sign) |  |

*(Cut here)*

***Follow-up Reference Stub*** *(Please present this stub every time you transact with RERC.)*

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| --- | --- | --- | --- |
| **Protocol Code** |  | **Date**  **Submitted** |  |
| **Protocol Title** |  | | |
| **Lead Researcher/ Principal Investigator** |  | | |

***Note:*** *For online submissions and other transactions through email, use the provided code as the subject of the mail after the completed application.*