

**Palawan State University**

RES EA RCH ETHICS REVIEW CO M MI T TEE

Door 2, 1st Floor, SIP Building, PSU Main

Campus Tiniguiban Heights, Puerto Princesa City, 5300, Palawan

Email: [psurec@gmail.com/](mailto:psurec@gmail.com/) [psurercsubmissions@psu.palawan.edu.ph](mailto:psurercsubmissions@psu.palawan.edu.ph)

US DOHHS-OHRP Registration No.: IRB00014070

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

ASSESSMENT FORM FOR POST-APPROVAL REPORTS/APPLICATIONS

|  |  |  |
| --- | --- | --- |
| **PSURERC CODE** |  | |
| **PROTOCOL TITLE** |  | |
| **TYPE OF REPORT** | [ ] Progress Report  [ ] Amendment Application  [ ] Deviation Report | |
| **GUIDE QUESTIONS FOR ASSESSING THE REPORTS/APPLICATIONS** | | |
|  | | |
| 1. Are there changes in the protocol after approval/last review? | | [ ] Yes [ ] No [ ] Unable to Assess  **If YES,** answer items number 2 to 6. **If UNABLE TO ASSESS**, please explain. |
| 2. Do/Will the changes increase the risks or vulnerabilities of the participants? | | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **UNABLE TO ASSESS**, please explain. |
| 3. Do/Will the changes potentially affect the welfare of the researchers negatively? | | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **UNABLE TO ASSESS**, please explain. |
| 4. Do/Will the changes lessen the benefits of the study? | | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **UNABLE TO ASSESS**, please explain. |
| 5. Do/Will the changes be damaging to the community and others? | | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **NO** or **UNABLE TO ASSESS**, please explain. |
| 6. Will/Are there corrective and strategic actions by the researchers? | | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **NO** or **UNABLE TO ASSESS**, please explain. |
| 7. Do you have any other concerns? | |  |
| Recommendation: | | [ ] Exempt from Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Expedited Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Full Board Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Pending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature over Printed Name of Reviewer Date of Assessment: \_\_\_\_\_\_\_** | | |