

**Palawan State University**

RES EA RCH ETHICS REVIEW CO M MI T TEE

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US DOHHS-OHRP Registration No.: IRB00014070

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

Protocol Assessment Form for

Independent Consultant

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| **TITLE OF THE**  **STUDY** |  |
| **PSURERC CODE** *(to be filled out by PSURERC Staff)* |  |
| **PRINCIPAL INVESTIGATOR/LEAD RESEARCHER** |  |
| **INSTITUTION** |  |
| **TYPE OF RESEARCH** *(e.g., clinical, public health, evaluation, market study, behavioral, cultural, social, etc.)* |  |
| **DATA COLLECTION METHOD/S** *(e.g., survey, interview, experiment, laboratory, observation, etc.)* |  |
| **DATA THAT WILL BE COLLECTED (***identify all data that will be collected and provide a brief description for each; e.g., personal identifiers, opinions, biospecimen, secondary numerical data, feedback, etc.)* |  |
| **TARGET PARTICIPANTS** |  |
| **RISK/S OR HARMS TO PARTICIPANT/S** *(identify all; e.g., inconvenience, physical discomfort, emotional distress, stigma, legal sanctions, loss of income, etc.)* |  |
| **RISK/S OR HARMS TO RESEARCHER/S** *(identify all; e.g., inconvenience, physical discomfort, emotional distress, stigma, legal sanctions, loss of income, etc.)* |  |

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| **GUIDE QUESTIONS FOR ASSESSING THE PROTOCOL** | |
|  | |
| 1. Is/Are the research question(s) reasonable? | [ ] Yes [ ] No [ ] Unable to Assess  **If NO** or **UNABLE TO ASSESS**, please explain. |
| 2. Are the study objectives specific, measurable, attainable, and reasonable? | [ ] Yes [ ] No [ ] Unable to Assess  If **NO** or **UNABLE TO ASSESS**, please explain |
| 3. Is the research methodology appropriate? | [ ] Yes [ ] No [ ] Unable to Assess  If **NO** or **UNABLE TO ASSESS**, please explain |
| 4. Does the research need to be carried out with human participants? | [ ] Yes [ ] No [ ] Unable to Assess  If **NO** or **UNABLE TO ASSESS**, please explain. |
| 5. Does the protocol present sufficient background information or results of previous studies? | [ ] Yes [ ] No [ ] Unable to Assess  If **NO** or **UNABLE TO ASSESS**, please explain. |
| 6. Are there probable risks to the human participants in the study? | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **NO** or **UNABLE TO ASSESS**, please explain.  Identify the risks.  [ ] negligible: \_\_\_\_\_\_\_\_\_\_  [ ] minimal: \_\_\_\_\_\_\_\_\_\_\_  [ ] more than minimal: \_\_\_\_\_\_\_\_\_\_  [ ] medium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] high: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Are toxicological and pharmacological data adequate? | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **NO** or **UNABLE TO ASSESS**, please explain. |
| 7. Is the research facility appropriate? | [ ] Yes [ ] No [ ] Unable to Assess [ ] NA  If **NO** or **UNABLE TO ASSESS**, please explain. |
| 8. Does the study have benefits? | [ ] Yes [ ] No [ ] Unable to Assess  If NO or **UNABLE TO ASSESS**, please explain. |
| 9. Do you have any other concerns? |  |
| RECOMMENDATION: | [ ] Approve  [ ] Minor Revision  [ ] Major Revision  [ ] Pending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] Disapprove |

Signature over Printed Name of Consultant Review Date