

### **Research Ethics Review Committee**

Research Ethics Office, 3F Henry Sy Sr. Hall De La Salle University Manila 2401 Taft Avenue, Manila 1004, Philippines REO@dlsu.edu.ph (632) 524-4611 loc. 513 SOP No.: 2 Form No.: 2(E) Version No.: 1 Version Date: July 2016

### DE LA SALLE UNIVERSITY

# Checklist A Research Ethics Checklist for Investigations involving Human Participants

This checklist must be completed <u>AFTER the De La Salle University Code of Research Ethics and Guide to Responsible Conduct of Research has been read and BEFORE gathering data</u>. The University Code of Research Ethics is available at <a href="http://www.dlsu.edu.ph/offices/urco/forms/URCO-Code-of-Research-Ethics August2011.pdf">http://www.dlsu.edu.ph/offices/urco/forms/URCO-Code-of-Research-Ethics August2011.pdf</a>

NOTE: This checklist is completed after the research proponent fills out the General Checklist Form.

Only answer this Checklist if you answered YES on question 1 of the General Checklist.

Resea	archer Details
Lead Researcher's Signature	fund
Lead Researcher's Name (Please Print)	Cunanan, Aenon Mari
Email Address(es)	aenon_cunanan2@yahoo.com
Department/College	College of Engineering
Proposed Title of the Research	Design and Development of Fall Analyzer
Term(s) and academic year in which research project is to be undertaken	Term 2, A.Y. 17-18
Other faculty members involved in project and their department affiliation(s)	Engr. Alexander C. Abad/ ECE Department College of Engineering

### [This section is mandatory]

Print Name of Participant Christian Joseph Non
Signature of Participant
Date 15 25/2/2018
Day/month/year
[This section is mandatory]
Print Name of Researcher Brian Edvard Hamis
Signature of Researcher
Date 25 / 2//7 0/8
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individua
has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant KERG	N LOPE7
Signature of Participant 4 - 0	M
Date 26 / 02 / 18	
Day/month/year	
	[This section is mandatory]
Print Name of Researcher Athon	
Signature of Researcher	
Date 2/02/18	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
	[If the participant is illiterate 1]
	ng of the consent form to the potential participant, and the individual
has had the opportunity to ask quest	tions. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant JANCHR	IS C. ESPINOER
Signature of Participant 14600 Date 24 / 2 / 2018	
Day/month/year	
Print Name of Researcher Brim Edo Signature of Researcher HOD Day/month/year	[This section is mandatory]
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
	If the participant is illiterate ¹]
	of the consent form to the potential participant, and the individual is. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Brian \$2	
Signature of Participant There	
Day/month/year	
Delet News of Deservation (News)	[This section is mandatory]
Print Name of Researcher  Signature of Researcher  Date 2000 18	L. MISUETM.
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness Date	
Day/month/year	
	[If the participant is illiterate 1]
	g of the consent form to the potential participant, and the individual ons. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Gerard Libby
Signature of Participant
Date 26/09/2618
Day/month/year
[This section is mandatory]
Print Name of Researcher AENON GUNDAN
Signature of Researcher
Date 20 /02 / 18
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Stephen Joh	n H - Dy
Signature of Participant	3
Date 26 Feb 2018	
Day/month/year	
	This section is mandatory]
Print Name of Researcher athon and	200 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C
Signature of Researcher	
Date 02/26/18	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	#1000000000000000000000000000000000000
Signature of Impartial Witness	
Date	
Day/month/year	
[If	the participant is illiterate ¹]
I have witnessed the accurate reading of	the consent form to the potential participant, and the individual
has had the opportunity to ask questions.	. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Dato Mathag & ABUBAKAR
Signature of Participant The Signature of Par
Date 2C / 2 / 20/P Carl Day/month/year
[This section is mandatory]
Print Name of Researcher Brien Felvard this Signature of Researcher Krister
Date 76 / 7 1 7 o/3 Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Signature of Participant  Date 22   02   20   8  Day/month/year  [This section is mandatory]  Print Name of Researcher   PMEND.   POWITO MIGUICI M.  Signature of Researcher   Date   24   02   18  Day/month/year  [This section is optional]  Print Name of Impartial Witness   Signature of Impartial Witness   Date   Day/month/year  [If the participant is illiterate 1]  I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.  Print name of witness   Signature of witness	Print Name of Participant MARICRIS JOVEN LECASPI	
This section is mandatory	Signature of Participant 6	
[This section is mandatory]   Print Name of Researcher   AMBICN.   FOUTO   Midue   M.     Signature of Researcher   AMBICN.   FOUTO   Midue   M.     Signature of Researcher   AMBICN.   FOUTO   Midue   M.     Day/month/year   [This section is optional]   Print Name of Impartial Witness   Signature of Impartial Witness   Date   Day/month/year     [If the participant is illiterate 1]   I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.   Print name of witness   Print name		
Print Name of Researcher AMBICAL, Paulo Miduella.  Signature of Researcher Date All or 1/8  Day/month/year  [This section is optional]  Print Name of Impartial Witness  Signature of Impartial Witness  Date  Day/month/year  [If the participant is illiterate 1]  I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.  Print name of witness		
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Signature of Researcher  Date&L	I ■ I CLEAN OF THE PARTY OF TH	
Case   State   State   This section is optional		
[This section is optional]  Print Name of Impartial Witness  Signature of Impartial Witness  Date  Day/month/year  [If the participant is illiterate 1]  I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.  Print name of witness		
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Signature of Impartial Witness  Date Day/month/year  [If the participant is illiterate 1]  I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.  Print name of witness	[This section is optional]	
Date	Print Name of Impartial Witness	
Day/month/year  [If the participant is illiterate 1]  I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.  Print name of witness	Signature of Impartial Witness	
[If the participant is illiterate <sup>1</sup> ]  I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.  Print name of witness		
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	has had the opportunity to ask questions. I confirm that the individual has given consent freely.	
Signature of witness	Print name of witness	
signature or witness	Signature of witness	
Date	Date	
Day/month/year		

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant UC BAUTISTA		
Date		
Day/month/year		
[This section is mandatory]		
Print Name of Researcher Other Granan		
Date 74 /02/18		
Day/month/year		
[This section is optional]		
Print Name of Impartial Witness		
Signature of Impartial Witness		
Date		
Day/month/year		
[If the participant is illiterate 1]		
I have witnessed the accurate reading of the consent form to the potential part	icipant, and t	he individual
has had the opportunity to ask questions. I confirm that the individual has given		
Print name of witness		
Signature of witness		
Date		
Day/month/year		

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Granan, Girnon maki view T.
Signature of Participant  Date 02/22/18
Day/month/year
[This section is mandatory]
Print Name of Researcher HORRIS, ISSIGN Signature of Researcher
Date 02/22/18
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individua has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Mark Danill B overes
Signature of Participant
Date 26/02/2018
Day/month/year
[This section is mandatory]
Print Name of Researcher @Ellon Grange
Signature of Researcher Juni
Date 674 26/18
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness  Date
Day/month/year
[If the participant is illiterate 1]
[if the participant is linterate ]
I have witnessed the accurate reading of the consent form to the potential participant, and the individua has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant JEAN CLIFFORD ESPIRITU
Signature of Participant Signature of Participant
Date 02/24/2018
Day/month/year
[This section is mandatory]
Print Name of Researcher Brien Edward this
Signature of Researcher Hand
Date 29 / 2 ) 70 /8
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
[if the participant is interacte ]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
and the second s
Print name of witness
Signature of witness
Date
Day/month/year

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Veune H	
Signature of Participant	
Date 26 00 2018  Day/month/year	
	[This section is mandatory]
Print Name of Researcher Othon	Constan
Signature of Researcher Cuy	
Date	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	-
Day/month/year	
	[If the participant is illiterate 1]
	ng of the consent form to the potential participant, and the individual tions. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

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### [This section is mandatory]

Print Name of Participant Poris	an Fernan
Signature of Participant / Signature of Participant	(2100)
Date 26 2 2018	
Day/month/year	
	[This section is mandatory]
Print Name of Researcher Brien	
Signature of Researcher	
Date 76 / 2 / 2018	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness_	
Signature of Impartial Witness	
Date	
Day/month/year	
	[If the participant is illiterate 1]
	eading of the consent form to the potential participant, and the individual uestions. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant PEYES, MARIA JAMERICA D
Signature of Participant 4:34mg
Date 26/02/2018 ! 000
Day/month/year
[This section is mandatory]
Print Name of Researcher Othon Ghaham  Signature of Researcher Othon Ghaham  Date 269H 02/18
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate ¹]
have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Kult 6et	ald sissmalin
Signature of Participant KWA	
Date 2-22-18	
Day/month/year	
	[This section is mandatory]
Print Name of Researcher AMBIDN	Paulo Misuel
Signature of Researcher  Date 2-22-/8	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
	7.5.4
	[If the participant is illiterate 1]
	ng of the consent form to the potential participant, and the individual
has had the opportunity to ask quest	tions. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date Day/month/year	
Day, month, year	

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant   Well a Zosima Gimena  Signature of Participant   Fundage  Date   02   26   20   9
Day/month/year
[This section is mandatory]  Print Name of Researcher
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness  Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Print Name of Participant Morc Dovalas C. Cerco
Signature of Participant Malay
Date 23 (20) 2018 7
Day/month/year U
[This section is mandatory]
Print Name of Researcher Paulo Ambron
Signature of Researcher
Date 23/07/19018
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

2/1

### CONSENT

### [This section is mandatory]

Print Name of Participant PMBIGH, Faulo Wiguel M.	
Signature of Participant	
Date 09/22/18	
Day/month/year	
[This section is mandatory]	
Print Name of Researcher CUNINDAM, Acron Mari Signature of Researcher CUNINDAM, Acron Mari	
Date	
Day/month/year	
[This section is optional]	
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
[If the participant is illiterate 1]	
I have witnessed the accurate reading of the consent form to the potential participant, and the individ	ual
has had the opportunity to ask questions. I confirm that the individual has given consent freely.	
Print name of witness	
Signature of witness	
Date	
Day/month/year	

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

I have read the provided information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I understand that I will be given a copy of this form, and the researcher will keep another copy on file. I consent voluntarily to be a participant in this study.

Print Name of Participant MA. LOURDER FATIMA M. SAMONTE  Signature of Participant Your Samon TE
Date 26/Feb/2018
Day/month/year
[This section is mandatory]
Print Name of Researcher atton ananon
Signature of Researcher
Date
Day/month/year
[This section is optional]
Print Name of Impartial Witness Bro
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the

research team).

### [This section is mandatory]

Print Name of Participant Eldring Joy Perez	
Signature of Participant E. Jay	
Date 26 / Feb / 2010	
Day/month/year	
[This section is mandatory]	
Print Name of Researcher Other Grener	
Signature of Researcher	
Date 26/02/18	
Day/month/year	
[This section is optional]	
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
[If the participant is illiterate 1]	
I have witnessed the accurate reading of the consent form to the potential partic has had the opportunity to ask questions. I confirm that the individual has given co	
Print name of witness	
Signature of witness	
Date	
Day/month/year	

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

Signature of Participant	Dumbeliover
Date 02-22-18	<i>a</i> 10
Day/month/y	ear
	[This section is mandatory]
Print Name of Researcher_	
Signature of Researcher	CACK.
Date 02-22-18	
Day/month/year	
	[This section is optional]
Print Name of Impartial Wi	
Signature of Impartial Witr	ness
Date	
Day/month/year	
	[If the participant is illiterate 1]
	rate reading of the consent form to the potential participant, and the individual ask questions. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

### [This section is mandatory]

rint Name of Participant Rand authority Chybulan
gnature of Participant STMBVLAW
ate 22-02-18
Day/month/year
[This section is mandatory]
rint Name of Researcher AMBION , Pewlo Miguel U.
gnature of Researcher
ate 22/02 -/8
Day/month/year
[This section is optional]
rint Name of Impartial Witness
gnature of Impartial Witness
ate
Day/month/year
[If the participant is illiterate 1]
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rint name of witness
gnature of witness
ate
Day/month/year

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### [This section is mandatory]

Print Name of Participant SEAN EL	-DAH M. LATO
Signature of Participant	
Date 26 / 02/18/	
Day/month/year	
	[This section is mandatory]
Print Name of Researcher Owkov	
Signature of Researcher	
Date 76/02/18 //	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
	[If the participant is illiterate 1]
I have witnessed the accurate readi	ing of the consent form to the potential participant, and the individual
	tions. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

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### [This section is mandatory]

Print Name of Participant Miguel And	golo L. Suniga
Signature of Participant	
Date 26 / Feb / 2018	
Day/month/year	
	[This section is mandatory]
Print Name of Researcher Brion Folia	not there's
Signature of Researcher	
Date 26/024 / 2018	
Day/month/year	
	[This section is optional]
Print Name of Impartial Witness	
Signature of Impartial Witness	
Date	
Day/month/year	
I I	If the participant is illiterate 1]
I have witnessed the accurate reading has had the opportunity to ask question	of the consent form to the potential participant, and the individual as. I confirm that the individual has given consent freely.
Print name of witness	
Signature of witness	
Date	
Day/month/year	

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### [This section is mandatory]

Date 1 la la la Day/month/year
Day/month/year
[This castion is mandaton.]
[This section is mandatory]  Print Name of Researcher_ Brien Fdword Horrs
Signature of Researcher 77 10 Date 2/76/18
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
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Signature of witness
Date
Day/month/year

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### [This section is mandatory]

Print Name of Participant CABL MATULAC
Signature of Participant
Date 26/02/18
Day/month/year
[This section is mandatory]
Print Name of Researcher Brian Edward Horris
Signature of Researcher
Date 24 / 7 / 7 08
Day/month/year
[This section is optional]
Print Name of Impartial Witness
Signature of Impartial Witness
Date
Day/month/year
[If the participant is illiterate 1]
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.
Print name of witness
Signature of witness
Date
Day/month/year

<sup>&</sup>lt;sup>1</sup> A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).



## **Research Ethics Review Committee**

Research Ethics Office, 3F Henry Sy Sr. Hall De La Salle University Manila 2401 Taft Avenue, Manila 1004, Philippines REO@dlsu.edu.ph (632) 524-4611 loc. 513 SOP No.: 2
Form No.: 2(E)
Version No.: 1
Version Date: July 2016

FOR GRADUATE and U	NDERGRADUATE DL	SU STUDENTS ONLY
I confirm that the student(s	) is/are capable of underta	aking this research in a safe and
ethical manner.		
	. 01,	
Alexander C. Abak	Laton	2/22/18
Adviser's Name	700	Date

FOR PROPONENTS WHO WILL GATHER NEW DATA ONLY, PLEASE STOP ANSWERING.

Use of Pre-existing Data co	llected from Human Participants
Indicate the dataset from which the data for the study will be sourced	
Is the data publicly available, i.e., the access to which does not necessitate an approval process?	Yes Please indicate where the dataset is available:
	No Please indicate/attach the approval authority for access:
Was the original dataset originally collected for the present study's purpose?	Yes Please attach the Consent Form used in the original
	study.
	No Please attach the Information Collection Statement (i.e., the statement given to informants providing them with the rationale for the collection of specific information).
	No Please attach the Information Collection Statement (i.e., the statement given to informants providing them with the rationale for the collection of specific