



De La Salle University

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 **AFTER** the De La Salle University Code of Research Ethics and Guide to Responsible Conduct of Research has been read and **BEFORE** gathering data. The University Code of Research Ethics is available at http://www.dlsu.edu.ph/offices/urco/forms/URCO-Code-of-Research-Ethics_August2011.pdf*

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.

Researcher Details	
Lead Researcher's Signature	
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


CONSENT

[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 Christian Joseph Non
Signature of Participant 
Date Feb 25 25/2/2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher 
Date 25/2/2018
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]

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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[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 KIERGY LOPEZ
Signature of Participant [Signature]
Date 26 / 02 / 18
Day/month/year

[This section is mandatory]

Print Name of Researcher Ashon Cunniff
Signature of Researcher [Signature]
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 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

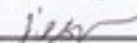
¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[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 JANCHILS C. ESPINOZA

Signature of Participant 

Date 24 / 7 / 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris

Signature of Researcher 

Date 24 / 7 / 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]

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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[This section is mandatory]

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Print Name of Participant Brian Edward Harris
Signature of Participant [Signature]
Date 26 Feb 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher ARMSTRONG, PETER, M. / M.
Signature of Researcher [Signature]
Date 26 Feb 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

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CONSENT

[This section is mandatory]

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Print Name of Participant Gerald Libby
Signature of Participant [Signature]
Date 26/09/2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Aethon Coxon
Signature of Researcher [Signature]
Date 26/09/18
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

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CONSENT

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Print Name of Participant Stephen John H. Dy
Signature of Participant [Signature]
Date 26 Feb 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Aethon C. Anon
Signature of Researcher [Signature]
Date 02/26/18
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]

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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[This section is mandatory]

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Print Name of Participant Datu Mathias K. Abubakar
Signature of Participant [Signature]
Date 26 / 2 / 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher [Signature]
Date 26 / 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]

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

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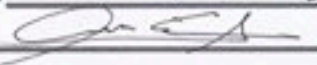
CONSENT

[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 MARICRIS JOVEN LEGASPI
 Signature of Participant 
 Date 22 / 02 / 2018
 Day/month/year

[This section is mandatory]

Print Name of Researcher AMBON, PAULO MIGUEL M.
 Signature of Researcher 
 Date 22 / 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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[This section is mandatory]

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Print Name of Participant JO BATISTA
Signature of Participant [Signature]
Date 20/02/18
Day/month/year

[This section is mandatory]

Print Name of Researcher Orion Cunniff
Signature of Researcher [Signature]
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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT*[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 Wenhan, Aethon MORI VEL T.Signature of Participant [Signature]Date 02/22/18

Day/month/year

*[This section is mandatory]*Print Name of Researcher HARRIS, BRIAN

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 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

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CONSENT

[This section is mandatory]

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Print Name of Participant Mark Dwyll B Overes
Signature of Participant [Signature]
Date 26/02/2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Ashon Corahan
Signature of Researcher [Signature]
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 participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

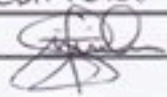
Print name of witness _____
Signature of witness _____
Date _____
Day/month/year

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CONSENT

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Print Name of Participant JEAN CLIFFORD ESPIRITU
Signature of Participant 
Date 02/26/2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher 
Date 26/2/2018
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]

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

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CONSENT

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Print Name of Participant Kenneth Ayraud v. Montoya
Signature of Participant [Signature]
Date 26 02 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Ashon Cunanan
Signature of Researcher [Signature]
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 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

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CONSENT

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Print Name of Participant Adrian Fernan
Signature of Participant [Signature]
Date 26 2 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher [Signature]
Date 26 12 1 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]

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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[This section is mandatory]

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Print Name of Participant REYES, MARIA JAMECA D
Signature of Participant [Signature]
Date 26/02/2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Arnon Arnan
Signature of Researcher [Signature]
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 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

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CONSENT*[This section is mandatory]*

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Print Name of Participant Kurt Gerald S. Esmañin
Signature of Participant [Signature]
Date 2-22-18
Day/month/year

[This section is mandatory]

Print Name of Researcher AMBION, PAULO MIGUEL
Signature of Researcher [Signature]
Date 2-22-18
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]

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Print name of witness _____
Signature of witness _____
Date _____
Day/month/year

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CONSENT

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Print Name of Participant Rovella Zosima Gimena
Signature of Participant [Signature]
Date 02/26/2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Aethon Ananan
Signature of Researcher [Signature]
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 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

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CONSENT

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Print Name of Participant Marc Douglas C. Cero
Signature of Participant [Signature]
Date 23 Feb 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Paulo Amador
Signature of Researcher [Signature]
Date 23/02/2018
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]

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

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CONSENT

[This section is mandatory]

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Print Name of Participant AMBION, Paulo Miguel M.
Signature of Participant [Signature]
Date 02/22/18
Day/month/year

[This section is mandatory]

Print Name of Researcher CUMMINGS, Aaron Mori
Signature of Researcher [Signature]
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]

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Print name of witness _____
Signature of witness _____
Date _____
Day/month/year

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Print Name of Participant MA. LOURDES FATIMA M. SAMONTE
Signature of Participant [Signature]
Date 26 / Feb / 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Aemon Ananan
Signature of Researcher [Signature]
Date 26/02/18
Day/month/year

[This section is optional]

Print Name of Impartial Witness Bri
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

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Print Name of Participant Eldrine Joy Perez
Signature of Participant E. Joy
Date 26 / Feb / 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher AEMON CUNANAN
Signature of Researcher [Signature]
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]

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Print name of witness _____
Signature of witness _____
Date _____
Day/month/year


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Print Name of Participant LEGASPI, MELISSA JOVEN

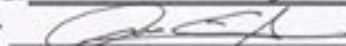
Signature of Participant 

Date 02-22-18

Day/month/year

[This section is mandatory]

Print Name of Researcher AMBRON, PAUL M. MIGUEL M.

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]

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Print name of witness _____

Signature of witness _____

Date _____

Day/month/year

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CONSENT

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Print Name of Participant Randolph L. SimbulanSignature of Participant SimbulanDate 22-02-18

Day/month/year

*[This section is mandatory]*Print Name of Researcher AMBON, Paulo MiguelSignature of Researcher [Signature]Date 22/02-18

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

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CONSENT

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Print Name of Participant SEAN ELIDAH M. LAZO
Signature of Participant [Signature]
Date 26 / 02 / 18
Day/month/year

[This section is mandatory]

Print Name of Researcher Ashon Wrennan
Signature of Researcher [Signature]
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 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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[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 Miguel Angelo L. Sumiga
Signature of Participant _____
Date 26 / Feb / 2018
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher _____
Date 26 / Feb / 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]

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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[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 Jennemay O. Hernandez
Signature of Participant [Signature]
Date 21/06/18
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher [Signature]
Date 21/06/18
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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).

CONSENT

[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 CARL MATULAC
Signature of Participant [Signature]
Date 26/02/18
Day/month/year

[This section is mandatory]

Print Name of Researcher Brian Edward Harris
Signature of Researcher [Signature]
Date 26/2/2018
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]

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

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team).



De La Salle University

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 UNDERGRADUATE DLSU STUDENTS ONLY

I confirm that the student(s) is/are capable of undertaking this research in a safe and ethical manner.

Alexander C. Abad

Adviser's Name

[Signature]

Signature

2/22/18

Date

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

Use of Pre-existing Data collected 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).

Does the original data set contain sensitive data, that is information that an individual would not likely want to be disclosed publicly, e.g., data on sexual activities, substance use?

Yes

Please describe the type of sensitive data to be used in the present research:

No