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| 1. General Information |

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| SPUP REC Code |  |

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| --- | --- |
| Protocol Title |  |

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| Researcher/Principal Investigator | Name |  |
| Position, Institution |  |
| Address |  |
| Contact Number |  |
| Email Address |  |

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| Co-researchers | Name |  |
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| Adviser/s | Name |  |
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| Nature and Type of Study | Undergraduate Thesis |  | Social/Behavioral |
| Master’s Thesis |  | Public Health Research |
| Doctoral Dissertation |  | Health Operations |
| Faculty/Staff |  | Biomedical Studies |
| Funded Research |  | Clinical Trials |
| Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Others \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Study Site | Research within the University |
| Research outside the University, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Source of Funding | Self-Funded | Institution-Funded |
|  | Government-Funded | Pharmaceutical Company  Specify, \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Scholarship |
|  | Research Grant | Others |

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| --- | --- | --- |
| Duration of Study | Start Date: | End Date: |

|  |  |
| --- | --- |
| Number of Participants |  |

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| --- | --- | --- | --- | --- | --- |
| Type and brief description of participants |  |  |  |  |  |

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| Has the research undergone technical review/proposal defense? | Yes No |
| Has the research been submitted to another research ethics committee? | Yes No |

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| 1. Brief Description of the Study *use additional sheet if necessary* |

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| 1. Checklist of Documents |

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| Basic Requirements | Supplementary Documents *(if applicable)* |
| Endorsement Letter/Adviser’s Certification | Questionnaire |
| Research Proposal/Study Protocol | Data Collection Forms |
| Abstract  Technical Review Approval (*if applicable*) | Product Brochure |
| Minutes of Proposal Defense | Philippine FDA Marketing Authorization or Import License |
| Curriculum Vitae of Researchers | Permit for Special Population \_\_\_\_\_\_\_\_\_\_\_\_ |
| Informed Consent Form |
| Proof of payment of ethics review fee | Others, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For E-Copy Submission

* The electronic copies of the Protocol package are submitted through the SPUP REC e-mail ([rec@spup.edu.ph](mailto:rec@spup.edu.ph)) with the following Subject Name: SPUP REC Review Application of (Title of Study)
* Attached on the Email are the electronic copies of the following in a PDF format:
  + Protocol Review Application
  + Endorsement Letter/Adviser’s Certification
  + Minutes of Proposal Defense
  + Abstract
  + Research Proposal/Study Protocol
  + Informed Consent of the Study
  + Technical Review Approval (*if applicable*)
  + Curriculum Vitae of Researchers
  + Other Documents *(if Applicable)*

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| Accomplished by: | Date Submitted: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature over Printed Name*  Principal Investigator |  |

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| -----To be filled out by the SPUP REC Secretariat----- |

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| Completeness of Documents | Complete | (place stamp here) |
|  | Incomplete |
| REMARKS |  |
| Date Received |  |
| Received by |  |