

PUP-UNIVERSITY RESEARCH ETHICS CENTER

PUPQC Branch Research Ethics

Informed Consent Form

UREC Form No. 11
Version No. 1.2.PUPCBREB

Title of the Research Study	
Researcher/s	1.
, ,	2.
	3.
	4.
	5.
Contact Information of the R	Researcher/s
Cellphone number	
Email address	
Background	This section must show that the identified people are being asked to be participants of the research project. The researcher/s must clearly state how the participants are selected.
Purpose of the Study	This section must include a brief but complete description of the research study. The researcher/s must consider using 'Lay terms' to explain this section for easy understanding.
	The researcher/s must also indicate if the data to be gathered are intended for thesis/dissertation and must disclose any potential conflict of interest.
Procedures of the Study	This section must provide a detailed description of the procedures (what the research study will require including the time commitment) so that the participants will fully understand what they will be asked to do.
Benefits	This section must clearly state the benefits for the participants and the society. In case that there is no direct benefit for the participants, the researcher/s must clearly state it.
Risks	This sections must state all the direct possible risks, discomforts and inconveniences to the participants. If there is any, the researcher/s must state how to mitigate the identified risks.
	In case there aren't any, the researcher/s must state it as well.
Cost of Participation	This section must clearly state if there are any costs to the participants for taking part in the research study. If there aren't any, this should be clearly stated.
Payment or Remuneration	This section must clearly state if there are any form of remuneration shall be distributed to the participants (i.e. transportation costs, food allowance, internet load, etc.) the researchers must clearly state if these amounts will be prorated per research study visit. For research studies that will employ a prize draw or lotteries, the odds of winning the prize

Don Fabian St., Commonwealth, Quezon City, 1121, Philippines (632) 8287-8204 / (632) 8952-7818 commonwealth@pup.edu.ph







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	must be clearly stated. The researcher/s must also include a statement on what will happen to the compensation in case the participant withdraws from his/her participation in the study.
Confidentiality	This section must clearly state how confidentiality or anonymity will be achieved or maintained. The researcher/s must include information on who will have the access to the data, how, where and how long it will be kept and how it will be disposed.
	The researcher/s must also state how the results of the study will reach the participants (i.e. through paper presentation/publication, distribution of soft copy/hard copy, etc.).
Voluntary Participation	This section must state that participation in the research study is voluntary and that the participants have the freedom to withdraw for their participation anytime.
	The researcher/s must clearly state if in any case that data withdrawal is possible or not. If data withdrawal is not possible (at all) or if there is a time duration for the participants to withdraw form their participation in the study, there must be a clear statement on how the communication will be done.

Contact Information:

If you have questions about this research study, or you experience adverse effects as the result of participating in this study, you may contact the researcher/s whose contact information is provided on the first page.

The plan for this research study has been reviewed by the PUP Research Ethics Committee (PUP-REC). If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher/s, please call us at (02) 5335-1787 local 235.

Consent Statement:

I have read read and understood the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Signature over Printed Name of Participant	Date

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ISO 9001 PARACCEDITED OMS CERTIFICATE NUMBER: SCP0004130



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Signature over Printed Name of Researcher	Date

This informed consent form together with the Research Protocol must be submitted to this link $\frac{\text{https://forms.office.com/r/nRALrr5y4Y}}{\text{https://forms.office.com/r/nRALrr5y4Y}}$

or you may scan the QR link



