



Western Mindanao State University
Research and Extension
RESEARCH ETHICS OFFICE
Zamboanga City, 7000, Philippines
reoc@wmsu.edu.ph



WMSU-REO-FR-002.02
Effective Date: 04-June-2025

Research Ethics Review APPLICATION FORM

Date: _____

To: WMSU REO
WMSU, Zamboanga City

Sir/Madam:

Greetings!

The undersigned do hereby request for the review of this research protocol entitled RxVision: OCR-Based Medical Prescription Reader using TroCR and BioBERT as a requirement for my (undergraduate thesis, graduate thesis, institutionally funded research, externally funded research) for the grant of its RESEARCH ETHICS CLEARANCE.

Attached herewith are the following relevant documents:

- ☐ Research Protocol/Proposal
- ☐ Technical Review Clearance
- ☐ Data collection instrument/s
- ☐ Informed Consent/Assent (*if applicable*)
- ☐ Curriculum Vitae of Researcher/s
- ☐ Completed Study Protocol Assessment Form
- ☐ Completed Informed Consent Assessment Form
- ☐ Completed Exempt Review Assessment Form

I certify thereof the truthfulness of the attached documents.

Thank you very much.


Regine Bagalangit, Roland Jay Pada, Ushlie Mae Ungaya
Researcher's Signature over Printed Name

ACKNOWLEDGEMENT

Acknowledge receipt of this research package as:

- ☐ Incomplete: Returned with instruction for compliance.
- ☐ Complete: Accepted for Review

Kindly contact _____ for follow – up.

WMSU REO Code: _____

REO Staff