



INFORMED CONSENT ASSESSMENT FORM

Study Protocol Title*	RxVision: OCR-Based Medical Prescription Reader using TroCR and BioBERT		
WMSU REO Code		Type of Review	<input type="checkbox"/> Expedited <input type="checkbox"/> Full
Researcher*	Regine B. Bagalangit, Roland Jay J. Pada Ushlie Mae U. Ungaya	ERP	<input type="checkbox"/> Chair <input type="checkbox"/> Member
Name of Adviser*	LUCY F. FELIX-SADIWA, MSCS	Institution*	
Name of Reviewer		Date Received	
Guide questions for reviewing the informed consent process and form			Page & Line Number*
Is it necessary to seek the informed consent of the participants? <u>If NO, please explain.</u>		<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, are the participants provided with sufficient information regarding:			
Purpose of the study?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Expected duration of participation?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the protocol include an adequate process for ensuring that consent is voluntary?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Procedures to be carried out?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Discomforts and inconveniences?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Risks (including possible social, physical, emotional, and psychological)?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Random assignment to experimental and control group?		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
Benefits to the participants?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Compensations/reimbursements of expenses		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Participants may withdraw from the study anytime without any penalty?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Duties and responsibilities of the participants are duly stated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Extent of confidentiality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is the informed consent written or presented in simple language that participants can understand?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have any other concerns? None			
Who to contact for pertinent questions and/ for assistance in the research-related injury?			

Recommendation: ☐ **Approved**
☐ **Minor revisions required**

☐ **Major revisions required**

☐ **Disapproved**

Reasons for disapproval:

Name and Signature of Primary Reviewer

Review Date