



STUDY PROTOCOL 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 proposal / protocol			Page & Line Number*
Does the study have social value? Comment: (e.g. relevance to national /community needs)			<input type="checkbox"/> Unable to Assess Yes <input type="checkbox"/> No
Is the study background adequate? Comment:			<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the research questions supported by the Review of Literature? Comment:			<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the study objectives Specific, Measurable, Attainable, Realistic, Time-bound? Comment:			<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the research need to be carried out with human participants? Comment:			<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the research design appropriate? • Is the population identified and defined? Comment:			<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> Is the selection of study participants described? <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Is the sample size justified? <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Is the plan for data analysis described? <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Are there dummy tables? <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Is the research tool appropriate for the study? (survey questionnaire, interview questions)</p> <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Are there measures to protect privacy of participants and confidentiality of data?</p> <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Does the study have a vulnerability issue?</p> <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Are appropriate mechanisms/interventions in place to address the vulnerability issue/s?</p> <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Are there risks/ probable harms to the human participants in the study?</p> <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Are there measures to mitigate the risks?</p> <p>Comment:</p>	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the informed consent procedure / form adequate and culturally appropriate? Comment:	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is/are the investigator/s and adviser/s adequately trained and do they have sufficient experience to undertake the study? Comment:	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a disclosure of conflict of interest? Comment:	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the research facilities adequate? Comment:	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other concerns in the study? Comment:None	<input type="checkbox"/> Unable to Assess <input type="checkbox"/> Yes <input type="checkbox"/> No	

Recommendation:

- ☐ **Approved**
☐ **Minor revision/s required**

- ☐ **Major revision/s required**

- ☐ **Disapproved**
Reasons for disapproval:

Name and Signature of Primary Reviewer

Review Date