



## INFORMED CONSENT ASSESSMENT FORM

Study Protocol Title*	Analyzing Above-Ground Root Crop Features For Non-Invasive Monitoring Using Deep Learning		
WMSU REO Code		Type of Review	<input type="checkbox"/> Expedited <input type="checkbox"/> Full
Researcher*	Aljas, Ronald L., Tajala, Aljamer H., Gadem Kristina Marie V., Delos Santos, Kristin Mae V.	ERP	<input type="checkbox"/> Chair <input type="checkbox"/> Member
Name of Adviser*	Ceed Jezreel B. Lorenzo	Institution*	
Name of Reviewer		Date Received	
<b>Guide questions for reviewing the informed consent process and form</b>			<b>Page &amp; Line Number*</b>
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 <u>YES</u> , 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?			
Who to contact for pertinent questions and/ for assistance in the research-related injury?			

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

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☐ **Major revisions required**

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☐ **Disapproved**

Reasons for disapproval:

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**Name and Signature of Primary Reviewer**

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**Review Date**