Western Mindanao State University

Research and Extension

**RESEARCH ETHICS OFFICE**

Zamboanga City, 7000, Philippines

[reoc@wmsu.edu.ph](mailto:reoc@wmsu.edu.ph) 

**STUDY PROTOCOL ASSESSMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Protocol Title\* | Analyzing Above-Ground Root Crop Features For Non-Invasive Monitoring Using Deep Learning | | | |
| WMSU REO Code |  | Type of Review | ☐Expedited ☐Full | |
| Researcher\* | Aljas, Ronald L., Tajala, Aljamer H., Gadem, Kristina Marie V., Delos Santos, Kristin Mae V. | ERP | ☐Chair ☐Member | |
| Name of Adviser\* | Ceed Jezreel B. Lorenzo | Institution\* |  | |
| Name of Reviewer |  | Date Received |  | |
| **Guide questions for reviewing the proposal / protocol** | | | | **Page & Line Number\*** |
| Does the study have social value? ☐Unable to Assess ☐ Yes ☐No  Comment: (e.g. relevance to national /community needs) | | | |  |
| Is the study background adequate? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Are the research questions supported by the Review of Literature? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Are the study objectives Specific, Measurable, Attainable, Realistic, ☐Unable to Assess ☐Yes ☐No  Time-bound?  Comment: | | | |  |
| Does the research need to be carried out with human participants? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Is the research design appropriate?   * Is the population identified and defined? ☐Unable to Assess ☐Yes ☐No   Comment:   * Is the selection of study participants described? ☐Unable to Assess ☐Yes ☐No   Comment: | | | |  |
| * Is the sample size justified? ☐Unable to Assess ☐Yes ☐No   Comment:   * Is the plan for data analysis described? ☐Unable to Assess ☐Yes ☐No   Comment:   * Are there dummy tables? ☐Unable to Assess ☐Yes ☐No   Comment: | | | |  |
| Is the research tool appropriate for the study? ☐Unable to Assess ☐Yes ☐No  (survey questionnaire, interview questions)  Comment: | | | |  |
| Are there measures to protect privacy of participants ☐Unable to Assess ☐Yes ☐No  and confidentiality of data?  Comment: | | | |  |
| Does the study have a vulnerability issue? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Are appropriate mechanisms/interventions in place ☐Unable to Assess ☐Yes ☐No  to address the vulnerability issue/s?  Comment: | | | |  |
| Are there risks/ probable harms to the human participants in the study? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Are there measures to mitigate the risks? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Is the informed consent procedure / form adequate ☐Unable to Assess ☐Yes ☐No  and culturally appropriate?  Comment: | | | |  |
| Is/are the investigator/s and adviser/s adequately trained and do ☐Unable to Assess ☐Yes ☐No  they have sufficient experience to undertake the study?  Comment: | | | |  |
| Is there a disclosure of conflict of interest? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Are the research facilities adequate? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |
| Are there any other concerns in the study? ☐Unable to Assess ☐Yes ☐No  Comment: | | | |  |

**Recommendation: ☐ Approved**

**☐ Minor revision/s required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐ Major revision/s required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐ Disapproved**

**Reasons for disapproval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of Primary Reviewer Review Date**