

 UNIVERSITY OF MAKATI RESEARCH ETHICS COMMITTEE	UNIVERSITY OF MAKATI RESEARCH ETHICS COMMITTEE	
	APPLICATION FORM FOR ETHICS REVIEW	
	UMREC Form No.	0013-1
	Version No.	4
Date of Effectivity	Dec 19, 2024	

Instructions to the Researcher:

Please complete this form and ensure that you have included in your submission the documents that you checked in Section 3-Checklist of Documents.

General Information		
Title of Study		
UMREC Code (To be provided by UMREC)		Study Site
Type of Review (To be provided by UMREC)		
Name of Researchers <i>(First name Middle name/ initial, Last name)</i>	Contact Number	Email Address
<i>Members:</i>		
<i>Technical/Content Adviser/s:</i>		
College/ Department		
Institution		

Address of Institution			
Type of Study	<input type="checkbox"/> Clinical Trial (Sponsored) <input type="checkbox"/> Clinical Trials (Researcher-initiated) <input type="checkbox"/> Health Operations Research (Health Programs and Policies) <input type="checkbox"/> Social / Behavioral Research <input type="checkbox"/> Public Health / Epidemiologic Research		<input type="checkbox"/> Biomedical research (Retrospective, Prospective, and diagnostic studies) <input type="checkbox"/> Stem Cell Research <input type="checkbox"/> Genetic Research <input type="checkbox"/> Others (please specify) education research
	<input type="checkbox"/> Multicenter (International)	<input type="checkbox"/> Multicenter (National)	<input type="checkbox"/> Single Site
Source of Funding	<input type="checkbox"/> Self-funded <input type="checkbox"/> Government-Funded <input type="checkbox"/> Scholarship/Research Grant <input type="checkbox"/> Sponsored by Pharmaceutical Company Specify: _____		<input type="checkbox"/> Institution-Funded <input type="checkbox"/> Others (please specify) _____
	Start date: _____ End date: _____		No. of study participants
*Has the Research undergone a Technical Review/pre-oral defense?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
*Has the Research been submitted to another UMREC?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checklist of Documents			
Basic requirements: <input type="checkbox"/> Application for Ethics Review of A New Protocol <input type="checkbox"/> Research Protocol <input type="checkbox"/> Informed Consent Form <ul style="list-style-type: none"> <input type="checkbox"/> English version <input type="checkbox"/> Filipino version <input type="checkbox"/> Others (please specify) <input type="checkbox"/> Assent Form (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> English version <input type="checkbox"/> Filipino version <input type="checkbox"/> Others: (please specify) <input type="checkbox"/> Endorsement Letter from Research Adviser <input type="checkbox"/> Questionnaire		Supplementary Documents: <input type="checkbox"/> Technical review/pre-oral defense (Any documentary proof) <input type="checkbox"/> Data Collection Forms (if applicable) <input type="checkbox"/> Product Brochure (if applicable) <input type="checkbox"/> Philippine FDA Marketing Authorization or Import License (if applicable) <input type="checkbox"/> Permit/s for the use of company name <input type="checkbox"/> Permit/s for special populations (please specify) <hr/> <input type="checkbox"/> Others (please specify)	

The researcher is the participant because the study is a narrative inquiry	
Accomplish: <hr/> Signature over printed name	
Date submitted:	
----- To be filled by the UMREC Secretariat -----	
Completeness of Document	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Remarks	
Date Received	
Received by	(place stamp here)