

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

**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.

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

<b>Address of Institution</b>			
<b>Type of Study</b>	<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
<b>Source of Funding</b>	<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) _____	
<b>Duration of the study</b>	Start date: _____ End date: _____	No. of study participants	
<b>*Has the Research undergone a Technical Review/pre-oral defense?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*Has the Research been submitted to another UMREC?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Checklist of Documents</b>			
<b>Basic requirements:</b> <input type="checkbox"/> Application for Ethics Review of A New Protocol <input type="checkbox"/> Research Protocol <input type="checkbox"/> Informed Consent Form <input type="checkbox"/> English version <input type="checkbox"/> Filipino version <input type="checkbox"/> Others (please specify) <input type="checkbox"/> Assent Form (if applicable) <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		<b>Supplementary Documents:</b> <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) _____ <input type="checkbox"/> Others (please specify)	

	The researcher is the participant because the study is a narrative inquiry
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**Accomplish:**

\_\_\_\_\_  
 Signature over printed name

Date submitted:

**----- To be filled by the UMREC Secretariat -----**

<b>Completeness of Document</b>	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	(place stamp here)
<b>Remarks</b>		
<b>Date Received</b>		
<b>Received by</b>		