

# Hi.

The Research Development and Innovation Center requires all university research projects to pass through an ethics review.

## Who we are

We envision ourselves to be a global trailblazer of quality and innovative research in 2020. Our existence ensures the empowerment of the OLFU community to engage in meaningful research and development activities towards societal advancement.

## What we do

### Research Counseling

We provide mentoring and guidance in any research phase through formalized consultation.

### Research Analytics

We support both quantitative and qualitative data processing using substantial analytical tools.

### Research Training

We conduct capacity-building activities to develop basic and advance research competencies.

### Research Broadcasting

We offer assistance on research conferences, publications and presentations (local and global).

## How we work

We believe that in improving man as man, we are creating a difference through meaningful research.

### Trendy

We align our research products and services to the needs of the environment and society.

### Novelty

We empower our researchers to flourish innovative concepts and creative works.

### Connectivity

We foster strong partnership and collaboration with different organizations and institutions.

### Visibility

We engage in sharing our research works to the research community around the globe.

### Responsibility

We acknowledge our moral commitment in ensuring societal and environmental welfare.

### Sustainability

We support the present development needs to safeguard the future capacity and resources.

Our Lady of Fatima University  
Research Development and Innovation Center



RDC-020-13-00

promote humanity.  
application for  
ethical review





# requirement checklist

- ☐ Authorization and acknowledgement review form (external)
- ☐ Receipt if applicable (external and graduate school)
- ☐ Completed application form (1 copy only)
- ☐ Endorsement from the College/Research Department of the College

- ☒ Objectives of the study
- ☒ Description of the study
- ☒ Significance of the study
- ☒ Literature review
- ☒ Methodology and procedures
- ☒ Inclusion/exclusion criteria
- ☒ Data analysis plan
- ☒ Ethical Considerations (ie. protection of privacy and confidentiality of information including data protection plan; vulnerability of research participants, risks of the study including social risks; benefits of the study; patient-related; compensations/ reimbursements/ entitlements; informed consent process and recruitment procedures)

☒ Letter of invitation  
☐ Verbal script  
☐ Electronic correspondence guide  
☐ Others, please specify: \_\_\_\_\_

☒ ☐ Consent form  
☐ ☐ Assent form (for minors)  
☐ ☐ Parental/3<sup>rd</sup> party consent  
☐ ☐ Others, please specify: \_\_\_\_\_

- ☒ Questionnaires
- ☐ Interview guides
- ☐ Tests

☐ ☐ Study drug/ medical device information (ie. a device information like investigator brochures/ published literature/ medical device manufacturer's design)

☐ ☒ Is the study funded by a funding agency?  
If yes, please specify:

☐ Children under 18  
☐ Indigenous people  
☐ Elderly  
☐ People on welfare/social assistance  
☐ Poor and unemployed  
☐ Patients in emergency care  
☐ Homeless persons  
☐ Refugees or displaced persons  
☐ Patients with incurable diseases  
☐ Others, please specify:

advocate for a humane research.

## PRINCIPAL INVESTIGATOR

Name (last, first, mi):	
College/department:	Year and section (if student):
Contact number/s:	E-mail address/es:
Mailing address:	

## RESEARCH PROTOCOL

Project title:	
Type of research: <input checked="" type="radio"/> Student research <input type="checkbox"/> Faculty research <input type="checkbox"/> Department research	
Type of submission: <input checked="" type="radio"/> Initial Review <input type="checkbox"/> Resubmission	
Purpose of the study: <input checked="" type="radio"/> Academic requirement <input type="checkbox"/> Independent research <input type="checkbox"/> Others: _____	
Proposed date of commencement (mm/dd/yyyy):	Proposed date of completion (mm/dd/yyyy):
Expected number of participants:	
Country/place of research:	
Total budget:	

## RESEARCH ATTRIBUTES

Nature of research:

<input type="checkbox"/> Clinical Trial	<input type="checkbox"/> Basic Science	<input type="checkbox"/> Behavioral Science
<input type="checkbox"/> Epidemiological	<input type="checkbox"/> Social Science	
<input checked="" type="radio"/> Others (please specify): <u>EXPERIMENTAL</u>		

Research approach (qualitative, quantitative):

Design (phenomenology, quasi-experimental, etc.):

Technique (survey, interview, etc.):

Domain (please refer to Research Topics Coding System [JACS, 2007]):

## GROUP MEMBERS

Name:	
Role/responsibility:	
Name:	
Role/responsibility:	
Name:	
Role/responsibility:	
Name:	BANATE, BJ JERALD
Role/responsibility:	TECHNICAL WRITER

(Please attach a separate sheet if necessary)

## DECLARATION


☐ I have no conflict of interest in any form (financial, propriety, professional) with sponsor, the study, co-investigators or the site.

☐ I have personal/familial financial interest in the results of the study.

Nature: \_\_\_\_\_

☐ I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief.

Signature over printed name of principal investigator:



Date submitted:

## OFFICE-USE ONLY

Received by:

Reference number:

# Claim Slip

OFFICE-USE ONLY

Date received:	
Reference number:	
Type of review:	<input type="checkbox"/> Full <input type="checkbox"/> Expedited
Reviewer/s:	
The results of the review will be released on:	

## GENERAL GUIDELINES

1. Do not lose this stub. Present this upon release of the review.
2. The review process will normally take 2 to 4 weeks to conclude from receipt of complete attachments from the proponent.
3. Please ensure that the necessary requirements are fully completed. Errors or omissions will delay the processing of your application.
4. Researchers are supposed to report any changes in the research protocol. Failure to do so may result to revocation of ethical approval.
5. All correspondence will be sent to the person listed as the principal investigator. For more information, you may reach the OLFU-IERC office at 2916538 local 808.