



## Institutional Review Board (IRB)

University of San Jose – Recoletos  
Main Campus Magallanes Street, Cebu City

**FORM 2A**

### APPLICATION for RESEARCH ETHICS REVIEW

This section box is to be filled out by the College/ Department Ethics Committee

Date Received:

**IRB REFERENCE NUMBER:**

Received and Reviewed by:

#### Instruction to the Researchers/ Investigators

- Fill out the necessary information needed in the following items below.
- Check the box which you think is appropriate to your study

TYPE OF SUBMISSION:     Initial Review     Resubmission

#### A. PROJECT/ RESEARCH INFORMATION

STUDY TITLE	
ENDORSING COLLEGE/DEPARTMENT /INSTITUTION	
RESEARCH CATEGORY (You can select more than one category)	<input type="checkbox"/> Biomedical and Health <input type="checkbox"/> Natural Science (Physical, Biological, Environment) <input type="checkbox"/> Languages, Communication and Humanities <input type="checkbox"/> Psychology, Social Science and Philosophy <input type="checkbox"/> Information Technology <input type="checkbox"/> Engineering <input type="checkbox"/> Business, Management, Marketing and Finance <input type="checkbox"/> Education <input type="checkbox"/> Pure and Applied Mathematics

<p>PURPOSE OF THE STUDY</p>	<p><input type="checkbox"/> Academic Requirement (Thesis, Dissertation)</p> <p><input type="checkbox"/> Faculty/Independent Research</p> <p><input type="checkbox"/> Institutional Collaboration Research</p> <p><input type="checkbox"/> Other (Please Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>TYPE OF STUDY</p>	<p><input type="checkbox"/> Experimental Study                      <input type="checkbox"/> Descriptive Survey</p> <p><input type="checkbox"/> Case Study                                      <input type="checkbox"/> Feasibility Study</p> <p><input type="checkbox"/> Technology Development                  <input type="checkbox"/> Capstone Project</p> <p><input type="checkbox"/> Action Research</p> <p><input type="checkbox"/> Other (Please Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Sources of Data</p>	<p><input type="checkbox"/> Primary Data</p> <p><input type="checkbox"/> Secondary Data</p>
<p>Has the study been approved by an External Ethics Committee</p> <p>(ex. IACUC – Institutional Animal Care and Used Committee)</p> <p>Please attach the approved certification to this form</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>(If yes, indicate the name of the Ethics Committee Institution/ Organization)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p>RESEARCH SUBJECT/RESPONDENTS/PARTICIPANTS</p> <p>Additional Forms are needed if:</p> <p>a. Human (Form 2D)</p>	<p><input type="checkbox"/> Human</p> <p><input type="checkbox"/> Non- Human (Other Living Organism)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Animals    <input type="checkbox"/> Plants    <input type="checkbox"/> Microorganism</p>

b. Animals (Form 2E) c. Plants (Form 2F) d. Microorganism (Form 2G) e. Technology development and feasibility study without human and non-human subject use (Form 2H)	<input type="checkbox"/> Not Applicable
SOURCE OF FUND  (If the research is funded by other agencies or institutions)	Name of funding agencies or institution
	Type of Fund
	Amount
Other documentary requirements attached to this application	<input type="checkbox"/> Complete and Revised Proposal <input type="checkbox"/> Technical Review Approval (Form 2B) <input type="checkbox"/> Ethics Review Evaluation (Form 2C) <input type="checkbox"/> Assessment Form for Human Participants (Form 2D) <input type="checkbox"/> Assessment Form for Use of Animals (Form 2E) <input type="checkbox"/> Assessment Form for Use of Plants (Form 2F) <input type="checkbox"/> Assessment Form for Use of Microorganism(Form 2G)  Assessment Form for Technology Development and Feasibility Study without human and non-human subject use (Form 2H)  <input type="checkbox"/> Photocopy of Payment

**B. RESEARCHER'S INFORMATION**

NAME OF PRINCIPAL INVESTIGATOR/ RESEARCHER	
CATEGORY OF INVESTIGATOR/RESEARCHER	<input type="checkbox"/> USJR-Undergraduate <input type="checkbox"/> USJR- Graduate <input type="checkbox"/> USJR-Faculty <input type="checkbox"/> USJR - Non-Teaching <input type="checkbox"/> Non-USJR (Specify) (For Non-USJR, specify your affiliated institution/ organization. Please

	attached letter that authorized USJR-IRB to review the ethical consideration of the study)	
	<div style="border: 1px solid black; width: 100%; height: 80px;"></div>	
NAME OF ADVISER		
CONTACT INFORMATION <i>(Note: The information will be used only when there are concerns needed to be address to the primary investigator/researcher)</i>	E-Mail Add	
	Mobile Phone:	
CONTACT INFORMATION <i>(Note: The information will be used only when there are concerns needed to be address to the primary investigator/researcher)</i>	E-Mail Add	
	Mobile Phone:	

**DECLARATION of the RESEARCHER/s**

<p>I/we certify that the information in this application form is true and correct to the best of my knowledge. Furthermore, I/we have read and understood the guidelines for the responsible conduct of research and abide all the procedures approved by the technical and ethics committee. Moreover, I have no conflict of interest in any form with the funding agency, sponsor and my co-investigator/researcher.</p> <p>I will not start my data collection until I receive an ethics clearance from the Institutional Review Board.</p>	
Signature over Printed Name of the Principal Investigator/ Researcher/ Team Leader:	Date Signed:
Printed Name and signature of the research team members	

**ADVISOR'S APPROVAL**

Note: For Undergraduate and Graduate Student Only

To the Research Ethics Committee:

I confirm that the student researcher/ investigator have understood the policy and guidelines in the conduct of research. With my guidance, he/she/they are capable of undertaking the research based on the approved technical and ethical procedure.

Signature over Printed Name of the Advisor

Date Signed:

College Ethics Committee Decision

This section is for the College Research Ethics Review Committee

For Primary Reviewer:

This proposal has been reviewed based on the institutional guidelines in the ethical conduct of research. The primary reviewer reached the following decision:

- Approved without revision
- Approved with minor revision
- Approved with major revision
- Forward the proposal for review by the College/ Department
- Disapproved

Reviewed by:

\_\_\_\_\_  
Signature over Printed Name / Date

For College/ Department Committee

This proposal has been reviewed based on the institutional guidelines in the ethical conduct of research. The College/ Department panel reached the following decision:

- Approved without revision
- Approved with minor revision
- Approved with major revision
- Forward the proposal for Full Board
- Disapproved

Reviewed by:

\_\_\_\_\_  
Signature over Printed Name / Date

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Signature over Printed Name / Date

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Signature over Printed Name / Date

**Note:**

When the revision is complete and approved by the primary reviewer and/or the college/department ethics committee, please send the revised copy together with this application to the Institutional Ethics Review Board for the release of the Ethics Clearance.