

	Institutional Review Board (IRB) University of San Jose – Recoletos Main Campus Magallanes Street, Cebu City	FORM 2B
	IRB ASSESSMENT FORM	
	TECHNICAL CONSIDERATION	

Instruction: This form must be accomplished by the researcher/ investigator together with the research adviser and/or coordinator. The technical panel and/or research adviser must sign in the declaration form with regards to the information stated in this form.

PROJECT/RESEACH/STUDY TITLE	
NAME OF PRINCIPAL INVESTIGATOR/ RESEARCHER	

Technical Component of the Paper

A. Scientific Design

Assessment Criteria	To be filled out by the Researcher		REVIEWER'S COMMENTS To be filled out by the Technical Committee and/or Research adviser
	Check if the following are present in your proposal	Page/s	
1. Literature review The review is extensive in relation to the theoretical construction and study protocol.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
2. Objectives of the study The objectives is/are in lined with the study design and expected output	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
3. Significance of the Study The research/ project present a novel contribution in the study area	<input type="checkbox"/> Yes		

	<input type="checkbox"/> Not applicable		
4. Research design The study protocol is appropriate in view of the objectives	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
5. Study Area The study area is describe and appropriate in the sampling design	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
6. Sampling design Appropriate sampling design methods and techniques is use	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
7. Sample size determination Appropriateness of sample size determination and justification	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
8. Statistical Analysis Appropriate statistical analysis is use to achieve the desired output.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
9. Data Analysis Plan Data is analyzed based on the result and objective of the study	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
10. Inclusion Criteria Appropriate criteria were included and defined in the study to achieve the objectives	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
11. Exclusion Criteria Disqualification or criteria not needed to achieve the objectives were described.	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		

B. Procedure in the Conduct of Study (There must be a clear statement regarding the technical procedure in the conduct of the study)

	To be filled out by the Researcher		REVIEWER'S COMMENTS To be filled out by the Technical Committee and/or Research adviser
Assessment Criteria	Check if the following are present in your proposal	Page/s	
1. Protocol in handling for non-human individuals (ex. animals, plants, microorganism)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
2. Protocol in handling of non-human biological samples (ex. blood, tissue)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
3. Protocol in handling of human participants in the survey/ interview	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
4. Protocol in handling of human participants in an experimental study	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
5. Protocol in handling of human biological specimen (ex. blood, tissues)	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
6. Duration of the study	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
7. Completion of necessary permits needed to conduct the study	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
If yes, please attached the permits to this form			

DECLARATION of the TECHNICAL PANEL and RESEARCH ADVISER

I/we certify that the information in this assessment form is true and correct based on the evaluation and recommendation of the technical panel during the proposal hearing schedule on: _____ at _____.

The technical panels further recommend submitting the revised FINAL COPY of the Proposal to the Institutional Review Board (IRB) for evaluation and certification of ethical clearance.

Signature over Printed Name of the technical (proposal hearing) panel

Date Signed:

Signature over Printed name of the Research Adviser (For undergraduate and Graduate Students only)

Date Signed: