

Institutional Review Board (IRB)

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

FOI	RM	2C	

IRB ASSESSMENT FORM ETHICAL CONSIDERATION

Instruction: This form must be accomplished by the researcher/ investigator together with the research adviser and/or coordinator. The 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	

Ethical Consideration (There must be a clear statement regarding the ethical procedure in the conduct of research)

	To be filled out by t Researcher	he	REVIEWER'S COMMENTS To be filled out by the Ethics Review Committee
Assessment Criteria	Check if the following are present in your proposal	Page/s	
1. Conflict of Interest There is a management procedure if conflict arises from financial and proprietary consideration of the researcher, sponsor or study site.	☐ Yes ☐ Not applicable		
2. Voluntary of Participants Willingness of human to participate and be involved in the study after the orientation of participants	☐ Yes ☐ Not applicable		
3. Privacy and Confidentiality There is a procedure that ensures the protection of privacy and	□ Yes		

confidentiality of participants information and data	☐ Not applicable	
4. Informed Consent of Human participants There is a procedure that follows the principle of respect for person and follows the standard procedure in soliciting consent.	☐ Yes ☐ Not applicable	
5. Vulnerability of Human participants There is a procedure that protects and respect for the vulnerable participants. The protocol ensures humane treatment of the participants in the study.	☐ Yes ☐ Not applicable	
6. Recruitment procedure There is a protocol of the manner of recruitment including the recruiting parties	☐ Yes ☐ Not applicable	
7. Assent form There is a protocol in obtaining assent with regards to inability to give consent following the standard protocol in soliciting assent	☐ Yes ☐ Not applicable	
8. Risk There is no human risk involve. If there is a possibility of risk (ex. psychological, social, and economic) that may arise, there is a protocol and adverse event management to mitigate these risks.	☐ Yes ☐ Not applicable	
9. Benefits There is a procedure that specifies the direct benefit to the participants as being involve in the study	☐ Yes ☐ Not applicable	
10. Incentive or Compensation There is a procedure in providing incentives and or compensation to the participants may it be material or financial.	☐ Yes ☐ Not applicable	
11. Community Consideration The study has an impact to the		

	community where the study is	☐ Yes	
	conducted and other sectors of		
	the community. The study	☐ Not applicable	
	considers the sensitivity of the		
	community which includes		
	cultural or organizational		
	practices and tradition		
ĺ	12. Collaborative study		
	Terms of conditions and	□ Yes	
	collaboration are set in case of		
	multi-country, multi-institutional,	☐ Not applicable	
	multi-organizational studies. The		
	rights of involve parties were		
	considered which includes		
	responsibility, intellectual		
	property rights, publication,		
	information dissemination,		
	transparency and capacity		
	building		
ĺ	13. Data usage, storage and		
	destruction	□ Yes	
	There is a protocol in data		
	management. The study must	☐ Not applicable	
	follow the standard procedure in		
	usage, storage and destruction of		
	data.		
•		·	
	DE	CLARATION of the RESEARCHER/s ar	nd Adviser

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.		
Livill not start my data collection until I receive and other clearance from t	ha Institutional Dasaarsh	
I will not start my data collection until I receive and ethics clearance from the	ne institutional Research	
Ethics Review Board.		
Signature over Printed Name of the Principal Investigator/ Researcher/ Team	Date Signed:	
Leader:		
Drinted Name and disast me of the managed to an arrange and		
Printed Name and signature of the research team members		

	I		
Research Adviser (Printed name and signature)			
DECLARATION of the RESEARCH ETHICS REVIEW	ER		
This section is for the Research Ethics Reviewer			
For Primary Reviewer:			
This proposal has been reviewed based on the institutional guidelines in the eth primary reviewer reached the following decision:	nical conduct of research. T	he	
☐ Approved without revision			
☐ Approved with minor revision			
\square 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			
\square Approved with minor revision			
lacksquare Approved with major revision			
lacksquare Forward the proposal for Full Board			
☐ Disapproved			
Reviewed by:			
Signature over Printed Name / Date	Signature over Printed Name / Date		
Signature over Printed Name / Date	Signature over Printed Name / Date		
Signature over Printed Name / Date			
Note: When the revision is complete, please send the revised copy together with this application to the Institutional Ethics Review Board for the release of the Ethics Clearance.			