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| **FORM 2.1**  **APPLICATION FOR INITIAL REVIEW**  REC Protocol No.  Sponsor Protocol No  Submission Date  Protocol Title  Clinical Research  Clinical Trial  Laboratory Research  Type of Research  Genetic Research  Socio-behavioral  Public Health  Others: \_\_\_\_\_\_\_\_\_\_\_\_  Study Duration  Sponsor  Principal Investigator  Fax No.  Telephone No.  Preferred means of contact  E-mail Address  Phone  Fax  Email  Institution   |  | | --- | | Are you an employee of the sponsor?  Yes  No | | Did you do consultancy or part time work for the sponsor?  Yes  No | | In the past year, did you receive ₱250,000 or more from the sponsor?  Yes  No | | Other ties with the sponsor: |   **Ethical Responsibility and Conflict of Interest (COI) Statement**  I hereby pledge to address all forms of COI that I may have and perform my tasks objectively, protect the scientific integrity of the study, protect all human participants and comply with my ethical responsibilities as Investigator  PI Signature  Documents Submitted:  Full protocol  Protocol summary  Curriculum Vitae  GCP Certificate  Patient Information form  Informed Consent form  Study budget  Advertisement  Investigator Brochure  Case Report forms  Research team list  Amendments  Payment of fees  Technical approval certificate from the department/Technical Committee  MOU/MOA with sponsor or funding agency, and with institutional collaborators as applicable  Name of research adviser for resident trainees  Received by REC Secretariat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_ |