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| **FORM 2.1****APPLICATION FOR INITIAL REVIEW**REC Protocol No.Sponsor Protocol NoSubmission DateProtocol Title [ ]  Clinical Research [ ]  Clinical Trial [ ]  Laboratory ResearchType of Research [ ]  Genetic Research [ ]  Socio-behavioral [ ]  Public Health [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_Study DurationSponsor Principal InvestigatorFax No.Telephone No.Preferred means of contactE-mail Address [ ]  Phone [ ]  Fax [ ]  EmailInstitution

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_ |