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| C:\Users\NURSING\Desktop\UST Logo.jpg | C:\Users\NURSING\Desktop\UST CON Logo.png | **UST COLLEGE OF NURSING**  **Ethics Review Committee** |
| 1st Floor Room 105, St. Martin de Porres Building, España, Manila, Philippines 1015  *Telephone*: (632) 406-1611 local 8362 | (632) 731-5738  *Email*: erc-nursing@ust.edu.ph |

**Review Requirements and Checklist**

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| **PROTOCOL INFORMATION** | | | | | |
| **Protocol Code:** | Click here to enter text. | | | | |
| **Protocol Title:** | Click here to enter text. | | | | |
| **Principal Investigator:** | Click here to enter text. | | | | |
| **Contact No:** | Click here to enter text. | **Email Address:** | | Click here to enter text. | |
| **Affiliation:** | Click here to enter text. | | | | |
| **Adviser** *(if applicable):* | Click here to enter text. | | | | |
| **Co-Investigator(s):** | Click here to enter text. | | | | |
| **Date of Submission:** *(Accomplished by ERC Personnel)* | Click here to enter a date. | | | | |
| **Verified Complete:** *(Accomplished by ERC Personnel)* | Click here to enter text. | | | | |
| **Review Classification:** *(Accomplished by USTCON ERC)* | Exempted Review  Expedited Review  Full Committee Review | | | | |
| **Classified By:** *(Accomplished by USTCON ERC)* | Click here to enter text. | | **Classified on:** *(DD Month YYYY)* | | Click here to enter a date. |

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| **BASIC DOCUMENTS** | | | | |
|  | Letter of Request addressed to the Dean of the UST College of Nursing | | | Three (3) Printed Copies |
|  | USTCON ERC Form 2.A: Review Requirements and Checklist | | | Three (3) Printed Copies |
|  | USTCON ERC Form 2.B: Protocol Registration and Application Form | | | Three (3) Printed Copies |
|  | USTCON ERC Form 2.C: Protocol and Informed Consent Assessment Form (*for expedited or full committee reviews only*) | | | Three (3) Printed Copies |
| **OR** | | |
| USTCON ERC Form 2.D: Protocol Review Exemption Form (*for exempted reviews only*) | | |
|  | Research Protocol (*with appendices/annexes, version number, & version date*)   * **Paper Size**: Letter (8.5” by 11”) * **Font Type**: Times New Roman or Arial * **Font Size**: Size 12 | | | Three (3) Printed Copies |
|  | Data Collection Forms (*appended in protocol*) | | | Three (3) Printed Copies |
|  | Informed Consent Forms in English and/or Filipino (*appended in protocol*) | | | Three (3) Printed Copies |
|  | Research Timeline/Gantt Chart (*appended in protocol*) | | | Three (3) Printed Copies |
|  | Line-Item-Budget or Study Budget (*appended in protocol*) | | | Three (3) Printed Copies |
|  | Curriculum Vitae of Principal Investigators and Research Team  (*appended in protocol*) | | | Three (3) Printed Copies |
|  | Technical Review Certification and/or Endorsement  (*attached as preliminary page in protocol*) | | | Three (3) Printed Copies |
|  | Electonic copies (in PDF file) of the following documents:   1. research protocol and accompanying appendices 2. USTCON ERC Form 2.A 3. USTCON ERC Form 2.B 4. USTCON ERC Form 2.C | | | Submitted in one (1) Compact Disc (CD) |
|  | Photocopy of Official Receipt for ethics review fee *(see review fee below)* | | | One (1) Photocopy |
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| **STUDY-SPECIFIC DOCUMENTS** | | | | |
|  | Research intervention/experiment and intervention protocol  *(for experimental or interventional studies)* | | | Three (3) Printed Copies |
|  | Assent Forms in English *(for studies involving minors and relevant populations deemed incompetent to sign an informed consent form; appended in protocol)* | | | Three (3) Printed Copies |
|  | Assent Forms in Filipino *(for studies involving minors and relevant populations deemed incompetent to sign an informed consent form; appended in protocol)* | | | Three (3) Printed Copies |
|  | Good Clinical Practice (GCP) certification of investigators and research team | | | Three (3) Printed Copies |
|  | Memorandum of Agreement *(for collaborative and/or commissioned research)* | | | Three (3) Printed Copies |
|  | Previous ethical review approvals or clearances *(for investigators of foreign universities researching in the Philippines or those with prior ethical review)* | | | Three (3) Printed Copies |
|  | National Commission for Indigenous People (NCIP) Clearance  *(for studies with indigenous population; can be processed while USTCON ERC review is ongoing)* | | | Three (3) Printed Copies |
|  | Clearance or permit from respective regulatory authorities, as applicable  *(such as FDA approval for clinical trials, DENR local transport permit, etc.)* | | | Three (3) Printed Copies |
| **USTCON Ethics Review Committee Payment Fee** | | | | |
| 1. **UST-Affiliated, Investigator-Initiated Researches** | | | | |
|  | | Undergraduate Student Researches | PHP 3,000.00 | |
|  | | Post-Graduate Student Researches | PHP 5,000.00 | |
|  | | Faculty-Initiated Researches | PHP 5,000.00 | |
| 1. **UST-Affiliated, Externally-Funded or Sponsored Researches** | | | | |
|  | | Initial Review | PHP 15,000.00 | |
|  | | Continuing Review | PHP 7,500.00 | |
| 1. **Non-Affiliated, Investigator-Initiated Researches** | | | | |
|  | | Undergraduate Student Researches | PHP 5,000.00 | |
|  | | Post-Graduate Student Researches | PHP 7,500.00 | |
|  | | Faculty-Initiated Researches | PHP 7,500.00 | |
| 1. **Non-Affiliated, Externally-Funded or Sponsored Researches** | | | | |
|  | | Initial Review | PHP 30,000.00 | |
|  | | Continuing Review | PHP 15,500.00 | |