

**SAN JUAN DE DIOS EDUCATIONAL FOUNDATION, INC.
INSTITUTIONAL REVIEW BOARD**

APPLICATION FORM FOR PROTOCOL REVIEW (SJDEFIIRB FORM 2.1)

1. IRB Reference Number (For SJDEFIIRB Use)		<input type="checkbox"/> Initial Review	<input type="checkbox"/> Resubmission
2. Protocol Number			
3. Protocol Title			
4. Principal Investigator			
5. Co-Investigator (If applicable)			
6. Source of Funds	<input type="checkbox"/> YES <input type="checkbox"/> Institutional/ Investigator Funded _____ <input type="checkbox"/> Institutional Grants _____ <input type="checkbox"/> Corporate _____ <input type="checkbox"/> Government _____ <input type="checkbox"/> Others _____	<input type="checkbox"/> No	
7. Prior Technical Review	<input type="checkbox"/> Yes Research Committee/TRC that previously reviewed the protocol: _____ _____	<input type="checkbox"/> No	

8. Prior Ethical Review	<input type="checkbox"/> Yes ERC that previously reviewed the protocol: _____ _____		<input type="checkbox"/> No
9. Site Study Personnel	Name	Designation	Contact Information
	1.		Tel. No.
			Mobile No.
			Email
			Signature
	2.		Tel. No.
			Mobile No.
			Email
			Signature
	3.		Tel. No.
			Mobile No.
			Email
			Signature
	4.		Tel. No.
			Mobile No.
			Email
Signature			
10. CRO			
11. Documents Submitted	<input type="checkbox"/> Full Protocol Version _____ <input type="checkbox"/> Research Project Proposal Format <input type="checkbox"/> Protocol Summary <input type="checkbox"/> Declaration of No Conflict of Interest <input type="checkbox"/> Data Collection Form(s) <input type="checkbox"/> Informed Consent Form (English) Version _____ <input type="checkbox"/> Informed Consent Form (Local Dialect) Version _____ <input type="checkbox"/> Budget <input type="checkbox"/> CV of Proponent		<input type="checkbox"/> GCP Certification <input type="checkbox"/> GANTT Chart <input type="checkbox"/> Ads for Recruitment of participants, if applicable <input type="checkbox"/> Information for subjects <input type="checkbox"/> Case Report Forms (CRF) <input type="checkbox"/> Investigator's Brochure <input type="checkbox"/> Reliance Agreement <input type="checkbox"/> Others

12. Duration of the Study	Start Date:	Number of Study Participants	
	End Date:		
13. Submitted by	Principal Investigator	Date of Submission	
--- TO BE FILLED OUT BY THE SJDEFIIRB SECRETARIAT ---			
14. Completeness of Document	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete		
15. Remarks			
16. Type of Study	<input type="checkbox"/> Clinical Trial (Sponsored Initiated) <input type="checkbox"/> Clinical Trial (Research Initiated) <input type="checkbox"/> Health Operations Research <input type="checkbox"/> Social or Behavioral Research <input type="checkbox"/> Public Health or Epidemiologic <input type="checkbox"/> Biomedical Research (Retrospective, Prospective and Diagnostic Studies) <input type="checkbox"/> Others _____	<input type="checkbox"/> Multicenter (International) <input type="checkbox"/> Multicenter (National) <input type="checkbox"/> Single Site	
17. Received by	Signature above printed name	Date	

NOTE TO APPLICANTS:

1. Please submit 8 copies of all documents
2. Please make sure that you have a copy of this form duly signed by the person who received the application
3. In recognition of SJDH being a Catholic institution, the subjects should be given a choice as to the method used to avoid pregnancy for the duration of the study in accordance with their moral beliefs (e.g. total abstinence). This statement should be reflected in the protocol.