



## Registration and Application Form

SECTION I: APPLICATION INFORMATION				
<b>1. Study Protocol Code</b>	1.1 Reference Number:			
	1.2 UV-IRB CODE:			
	1.3 Study Code (sponsored study only):			
<b>2. Date of Initial Submission</b>	Click here to enter a date.			
<b>3. Resubmission History</b>	<b>Date Submitted</b>	<b>Type of Submission</b>	<b>Version</b>	<b>Version Date</b>
<p><i>Resubmissions – responses to initial review recommendations or submission of studies with investigator-initiated changes prior to ethics approval</i></p> <p><i>Amendments – responses to initial review recommendations or submission of studies with investigator-initiated changes after ethics approval</i></p>		<input type="checkbox"/> Resubmission <input type="checkbox"/> Amendment		
		<input type="checkbox"/> Resubmission <input type="checkbox"/> Amendment		
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		<input type="checkbox"/> Resubmission <input type="checkbox"/> Amendment		
		<input type="checkbox"/> Resubmission <input type="checkbox"/> Amendment		
			<i>For sponsored study, copy the version code (if any). For non-sponsored study leave these columns blank.</i>	
<b>4. Study Category</b>	<input checked="" type="radio"/> 4.1 Research involving human participants <input type="checkbox"/> 4.1.1 Research involving Indigenous Herbal Medicine or People – Apply simultaneously with the National Commission on Indigenous Peoples <input type="checkbox"/> 4.1.2 Clinical Trial intended for Marketing Registration – Apply simultaneously with the Food and Drug Administration <input type="radio"/> 4.2 Research involving animals - STOP. <i>Please contact the University of the Visayas, Institutional Animal Care and Use Committee</i> <input type="radio"/> 4.3 Research involving non-human participants - <i>Please apply for UV-IRB Exempt for Review</i> <input type="radio"/> 4.4 Research involving biological and hazardous materials - STOP. <i>Please contact the National Committee of Biosafety of the Philippines</i>			
<b>5. Category of Investigator</b>	<input checked="" type="radio"/> 5.1 UV Faculty/Staff <input type="radio"/> 5.2 UV Undergraduate Student <input type="radio"/> 5.3 UV Graduate <input type="radio"/> 5.3.1 Masteral Thesis <input type="radio"/> 5.3.2 Doctoral Dissertation <input type="radio"/> 5.4 Non-UV: (NOTE: This category requires completion of PART			



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<b>6. Purpose of study</b>	<input type="radio"/> 6.1 Academic Requirement (Thesis, Dissertation, Training Requirement) <input type="radio"/> 6.2 Institutional Requirement (Work-Related) <input type="radio"/> 6.3 Multi-Institutional or Multi-Country Collaboration <input checked="" type="radio"/> 6.4 Others (indicate): <a href="#">Click here to enter text.</a>
<b>7. Study Title</b>	<a href="#">Click here to enter text.</a>
<b>8. Study Duration (Data Gathering, Analysis and Reporting)</b>	(in months) <a href="#">Click here to enter text.</a>
<b>9. Type of study:</b>	<input type="checkbox"/> <b>9.1 Social and Behavioral Researches, specifically (choose one):</b> <input type="checkbox"/> 9.1.1 Research on Economics, Business, Leadership, Management, Organizational Psychology, Operations, and Process <input type="checkbox"/> 9.1.2 Research on Law, Penology, Criminal and Political Science, and Public Administration <input type="checkbox"/> 9.1.3 Research on Media and Communication <input type="checkbox"/> 9.1.4 Research on Pedagogy and Educational Sciences <input type="checkbox"/> 9.1.5 Research on Sociology, Anthropology, Ethnology, Social Psychology, History, and Socio-Cultural Geography <input type="checkbox"/> 9.1.6 Research on Urban studies (social aspect of planning and development) <input type="checkbox"/> 9.1.7 Social and Educational Experiments <input type="checkbox"/> <b>9.2 Technical Researches and Data Science, specifically (choose one):</b> <input type="checkbox"/> 9.2.1 Data Mining and Review of Records <input type="checkbox"/> 9.2.2 Researches on Informatics, Information Technology and Computer Science <input type="checkbox"/> 9.3.4 Research on Technology, Invention, Innovation and Design <input type="checkbox"/> <b>9.3 Health Non-Clinical Trial, specifically (choose one):</b> <input type="checkbox"/> 9.3.1 In vitro study <input type="checkbox"/> 9.3.2 Herbal Research, and Complementary and Alternative Medicine Research <input type="checkbox"/> 9.2.3 Epidemiological study <input type="checkbox"/> 9.2.4 Clinical Psychology and Special Education <input type="checkbox"/> <b>9.4 Experimental Studies, specifically (choose one):</b> <input type="checkbox"/> 9.4.1 <b>Clinical Trial</b> ( <i>drug or pharmaceutical trials, diagnostic trials, trials on devices, and other therapy trials</i> ) <div style="margin-left: 20px;"> <input type="checkbox"/> 9.4.1.1 intended for marketing registration – Phase: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4  <input type="checkbox"/> 9.4.1.2 not intended for marketing registration  <input type="checkbox"/> 9.4.3 <b>Social and Educational Experiments</b> </div> <input type="checkbox"/> <b>9.5 Humanities:</b> <input type="checkbox"/> 9.5.1 Visual and Performing Arts, and Composition <input type="checkbox"/> 9.5.2 Language and Literature <input type="checkbox"/> 9.5.3 Philosophy <input type="checkbox"/> <b>9.6 Others, please indicate:</b>



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<p><b>10. Use of special populations or vulnerable groups</b></p> <p><input type="checkbox"/> 10.0 Not applicable</p>	<p><input type="checkbox"/> 10.1 Children (under 18)</p> <p><input type="checkbox"/> 10.2 Indigenous People</p> <p><input type="checkbox"/> 10.3 Elderly</p> <p><input type="checkbox"/> 10.4 People on Welfare/Social Assistance</p> <p><input type="checkbox"/> 10.5 Poor and Unemployed</p> <p><input type="checkbox"/> 10.6 Patients in Emergency Care</p> <p><input type="checkbox"/> 10.7 Homeless Persons</p> <p><input type="checkbox"/> 10.8 Refugees or Displaced Persons</p> <p><input type="checkbox"/> 10.9 Patients with Incurable Diseases</p> <p><input type="checkbox"/> 10.10 Prisoners</p> <p><input type="checkbox"/> 10.11 Pregnant Women and Fetus</p> <p><input type="checkbox"/> 10.11 AIDS/HIV+ subjects</p>	<p><input type="checkbox"/> 10.12 Cognitively and emotionally impaired persons</p> <p><input type="checkbox"/> 10.13 Institutionalized people (Hospital, Facility, Homes, Hospice, Rehabilitation)</p> <p><input type="checkbox"/> 10.14 Members of the armed forces or police</p> <p><input type="checkbox"/> 10.15 Physically disabled</p> <p>Politically powerless</p> <p><input type="checkbox"/> 10.16 Students, employees and subordinates</p> <p><input type="checkbox"/> 10.17 Junior members of hierarchial groups</p> <p><input type="checkbox"/> 10.18 Others (indicate):</p>
<p><b>11. Endorsing College/Unit/ Institution</b></p> <p><input type="radio"/> 11.0 Not applicable</p>	<p><input type="radio"/> 11.1 College of Business and</p> <p><input type="radio"/> 11.2 College of Arts and Sciences</p> <p><input type="radio"/> 11.3 College of Engineering and</p> <p><input type="radio"/> 11.4 College of Computer Science</p> <p><input type="radio"/> 11.5 College of Dentistry</p> <p><input type="radio"/> 11.6 College of Nursing</p> <p><input type="radio"/> 11.7 College of Pharmacy</p> <p><input type="radio"/> 11.8 College of Criminal Justice Education</p>	<p><input type="radio"/> 11.9 College of Maritime Studies</p> <p><input type="radio"/> 11.10 College of Medicine</p> <p><input type="radio"/> 11.11 College of Education</p> <p><input type="radio"/> 11.12 College of Law</p> <p><input type="radio"/> 11.13 GS- Education</p> <p><input type="radio"/> 11.13 GS- Business</p> <p><input type="radio"/> 11.13 GS- Nursing</p> <p><input type="radio"/> 11.13 UV Staff:</p> <p><input checked="" type="radio"/> 11.14 Non-UV:</p>
<p><b>12. Funding Agency:</b></p> <p><input type="radio"/> 12.0 Not Applicable</p>	<p><b>12.1 (NAME):</b></p> <p><input type="radio"/> 12.1 Higher Education Institution    <input type="radio"/> 12.2 PHL Government Agency/Office/Entity</p> <p><input type="radio"/> 12.3 Multilateral Agency (UN agencies and other Intergovernmental Agencies)</p> <p><input checked="" type="radio"/> 12.4 Private Company or Non-Governmental Organization (NGO)</p> <p><input type="radio"/> 12.5 Others (indicate):</p>	
<p><b>13. Study Budget (For funded researches only)</b></p> <p><input type="checkbox"/> 13.0 Not Applicable</p>	<p>NOTE: This refers to line item amounts. However, if a separate budget sheet is available, just indicate total amount and attach budget sheet</p>	
<p><b>14. Previous ethics approval or clearance issued by other sites</b></p> <p><input type="checkbox"/> 14.0 Not Applicable</p>	<p>14.1 Name of Institutional Review Board or Ethics Review Committee:</p> <p>14.2 Date of Ethics Approval:</p> <p>14.3 Date of Expiration of Ethics Approval:</p>	
<p><b>15. Proponent</b></p>		



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<b>16. Proponent Address</b>		
<b>17. Proponent Telephone:</b>		
<b>18. Proponent Facsimile:</b>		
<b>19. Proponent Mobile:</b>		
<b>20. Proponent Email:</b>		
<b>21. Other Ongoing studies</b> <input type="checkbox"/> None	21.1 Title: 21.1.1 UVIRB Code (if applicable):	21.3 Title: 21.3.1 UVIRB Code (if applicable):
	21.2 Title: 21.2.1 UVIRB Code (if applicable):	21.4 Title: 21.4.1 UVIRB Code (if applicable):
<b>22. Declaration of Conflict of Interest of Proponent</b> <input type="checkbox"/> 22.0 I have no conflict of interest in any form (financial, proprietary, professional) with sponsor, the study, Co-Investigators, or the site	<input type="checkbox"/> 22.1 I have personal/family financial interest in the results of the study NATURE: _____	
	<input type="checkbox"/> 22.2 I Have proprietary interest in the research for which this application is being made (patent, trademark, copyright, licensing) NATURE: _____	
	<input type="checkbox"/> 22.3 I have significant financial Interests as defined in US 45 CFR Part 94 (Note: This category is only for applications for which this regulation may apply. For information, refer to <a href="http://www.ecfr.gov">http://www.ecfr.gov</a> ) NATURE _____	
<b>23. Other investigators with corresponding task description (add additional rows as applicable)</b> <input type="checkbox"/> 23.0 Not Applicable	<b>Co-Investigator:</b>	<b>Task description:</b>
<b>24. Submitted by:</b>		



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	Study designation	
<b>25. Proponent signature</b>		



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### SECTION II: SCIENTIFIC/TECHNICAL REVIEW APPROVAL ENDORSEMENT

*This section should be signed by the Chair/Head of the Scientific/Technical Review Committee/Office that reviewed the scientific soundness of the study and issued the appropriate approval. Alternatively, results of Scientific/Technical Review disposition may be appended to this application, instead of completing this section, provided that the information required below had been appropriately addressed.*

STUDY PROTOCOL TITLE:	<with Version Number and Date>
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Proponent:	<Title, Name, Surname>
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I confirm that the(NAME OF SCIENTIFIC/TECHNICAL REVIEW COMMITTEE/OFFICE) has reviewed and approved the following study protocol-related information: Objectives/Expected output supported by literature review; overall research design; sampling design, sample size, Inclusion/exclusion/ withdrawal criteria; data collection plan and specimen collection, processing, and storage as applicable; data analysis plan including statistical design/framework, as applicable.

Issuing Committee/Office/College:	
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Head of Committee/Office (Chair, Thesis/Dissertation Committee):	<Title, Name, Surname>
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Signature:		Date of Signature:
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### SECTION III: INSTITUTIONAL/DEPARTMENTAL ENDORSEMENT

*This section should be signed by the head of unit (administrative authority legally empowered to sign on behalf the unit such as Dean, Director, and the like) of the Principal Investigator. This section is required only for initial submission, **provided there are no changes in study protocol information below.***

I confirm that I have read this Application and that the research will be implemented under the oversight of this Department/Institution in accordance with the conditions of approval by the University of the Visayas Institutional Review Board. I also confirm that the Principal Investigator has a regular appointment/is a bonafide student in this institution.

Head of unit (Dean or Research Coordinator):	
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Signature:		Date of Signature:
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### SECTION IV: AUTHORIZATION AND ACKNOWLEDGEMENT OF REVIEW

*This section should be completed by the signatory official who can sign on behalf of the institution that has oversight on the research site, **IF the research site is OUTSIDE the scope of authority of UV and the PI is non UV personnel.** If not applicable, put N/A in all fields. This section is required only for initial submission, **provided there are no changes in study protocol information below.***

STUDY PROTOCOL TITLE:		
Proponent:	<Title, Name, Surname>	
<p>This is to certify that the <b>&lt;NAME OF RESEARCH SITE&gt;</b>:</p> <p>1) Has no local Institutional Review Board/ Ethics Review Committee; and</p> <p>2) Authorizes and acknowledges the University of the Visayas Institutional Review Board (UVIRB), located at the 2<sup>nd</sup> Floor Admin Building, UV Main Campus, Corner D. Jakosalem and Colon St. Cebu City, 6000 Philippines, to perform the ethical review of the abovementioned study protocol in accordance with international ethical standards and national regulatory requirements, and oversee the conduct of the research study which includes progress monitoring, adverse event monitoring, and site visits.</p>		
Name of Research Site		
Address of Research Site		
Signatory Official	<Title, Name, Surname>	
Position of Official		
Signature		Date of Signature: