



**INSTITUTIONAL ETHICS AND REVIEW BOARD**  
 12<sup>th</sup> Floor, Our Mother of Perpetual Succour Medical Specialty Center  
 Perpetual Succour Hospital  
 Gorordo Avenue, Cebu City  
 Tel No/Fax No: +63-32-342-0853

<h2 style="margin: 0;">Checklist for the Assessment of Protocol Submission and Voting Form</h2>	<p><u>PSH-IERB</u> <u>Form 1D</u></p>
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DATE OF REVIEW:	
PSH-IERB CODE:	
PROTOCOL NO.:	
PROTOCOL TITLE:	
PRINCIPAL INVESTIGATOR:	
ADDRESS:	SPONSOR / PROPONENT:
REVIEWER:	
SIGNATURE:	
DATE:	

What are the probable risks entailed in the proposal?

\_\_\_\_\_

- Are they minimal?

\_\_\_\_\_

- More than minimal?

\_\_\_\_\_

- High Risk

\_\_\_\_\_

	YES	NO	COMMENTS
1. Does the protocol adequately address the risk/ benefits balance?			
2. Does the protocol present adequate informational background as to results of previous studies prior to human experience ability?			



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3. Does the protocol have an adequate process for assuring that consent is voluntary?			
4. Does the protocol involve vulnerable subjects? If yes, LAR must be present			
5. Does the consent include the following elements:			
a. Purpose of the research?			
b. Expected duration of participation?			
c. Description of procedure to be followed?			
d. Random management to the trial treatment?			
e. Benefits to the participants?			
f. Alternative procedure or summary of treatment?			
g. Extent of Confidentiality of records?			
h. Explanation of compensation and/or medical treatment in case of injury?			
i. Whom to contact for pertinent questions and/or for assistance in research related injury?			
j. Explanation that refusal to participate or discontinuance of participation at any time will involve no penalty or loss of benefits to which the subject is entitled.			

**RECOMMENDATIONS:**

- Approved
- Minor modifications
- Major Modifications
- Disapproved