



**BATANGAS MEDICAL CENTER
RESEARCH ETHICS REVIEW COMMITTEE**

APPLICATION FORM FOR PROTOCOL REVIEW (Form 2.6.2)

		RERC Protocol Number:	
Sponsor Protocol Number		Submission Date:	
Type of Submission:	<input type="checkbox"/> Initial Review <input type="checkbox"/> Continuing Review <input type="checkbox"/> Resubmission for re-review <input type="checkbox"/> Protocol Termination <input type="checkbox"/> Protocol Amendments <input type="checkbox"/> Final Report		
Protocol Title:			
Principal Investigator			
Telephone Number		Fax:	
E-mail		Preferred Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Institute:			
Sponsor:			
Conflict of Interest Declaration (Relationship with sponsor)	Are you a regular employee of the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you do consultancy or part time work for the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past year, did you receive any monetary remuneration from the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Other ties with the sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No		
PI Signature:			

	<p>Republic of the Philippines Department of Health, Center for Health Development (CHD) IV-CALABARZON BATANGAS MEDICAL CENTER Batangas City ISO 9001:2015 CERTIFIED</p>	
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Verified Complete by: <i>(to be accomplished by BATMC-RERC staff)</i>	
Classification of Review: <i>(to be accomplished by BATMC-RERC staff)</i>	<input type="checkbox"/> EXPEDITED <input type="checkbox"/> Exempt <input type="checkbox"/> FULL-BOARD
Assigned Primary Reviewers :	
Independent Consultant to be Invited	
Classified by the: <input type="checkbox"/> BATMC-RERC CHAIR <input type="checkbox"/> BATMC-RERC SECRETARY	