



BATANGAS MEDICAL CENTER RESEARCH ETHICS REVIEW COMMITTEE

PROTOCOL EVALUATION FORM (FORM 2.6.3)	
BATMC-RERC CODE:	DATE:
NAME OF PRIMARY INVESTIGATOR	
PROTOCOL TITLE	
1. Type of Submission	<input type="checkbox"/> 2.1 Initial Review <input type="checkbox"/> 2.2 Resubmission (responses to initial review recommendations or submission of studies with investigator-initiated changes prior to ethics approval.) NOTE: version and date of version must be inserted as a document footer for all submissions. <input type="checkbox"/> Continuing Review/Progress Report <input type="checkbox"/> Protocol Termination <input type="checkbox"/> Protocol Amendments <input type="checkbox"/> Final Report
2. Date of Submission	
3. Study Category	<input type="checkbox"/> 4.1 Research involving human participants
4. Type of Study	<input type="checkbox"/> 5.1 Pre – clinical Research <input type="checkbox"/> 5.2 Non-clinical trial, specifically (choose one): <ul style="list-style-type: none"> <input type="checkbox"/> 5.2.1 Diagnosis <input type="checkbox"/> 5.2.2 In vitro study <input type="checkbox"/> 5.2.3 Stem Cell Research <input type="checkbox"/> 5.2.4 Herbal Research <input type="checkbox"/> 5.2.5 Complementary and Alternative Medicine Research <input type="checkbox"/> 5.2.6 Review of medical records <input type="checkbox"/> 5.2.7 Epidemiological study <input type="checkbox"/> 5.2.8 Socio-behavioral research <input type="checkbox"/> 5.2.9 Health Informatics <input type="checkbox"/> 5.2.10 Operations/process research

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	<input type="checkbox"/> 5.3 Clinical Trial Type 1 (<i>drug or pharmaceutical trials, diagnostic trials, trials on devices, and other therapy trials</i>) intended for marketing registration <input type="checkbox"/> 5.4 Clinical Trial Type 2 (<i>drug or pharmaceutical trials, diagnostic trials, trials on devices, and other therapy trials</i>) NOT intended for marketing registration <input type="checkbox"/> 5.5 Post Marketing Surveillance <input type="checkbox"/> 5.6 Others, please indicate
6. Category of Investigator	<input type="checkbox"/> 6.1 BATMC Research Center initiated study <input type="checkbox"/> 6.2 BATMC <ul style="list-style-type: none"> <input type="checkbox"/> 6.2.1 Active and; Associate-Active, Visiting Consultants <input type="checkbox"/> 6.2.2 Residents-in-training <input type="checkbox"/> 6.2.3 Fellows-in-training <input type="checkbox"/> 6.2.4 Residents/Fellows graduated completing research requirements <input type="checkbox"/> 6.2.5 Nursing <input type="checkbox"/> 6.2.6 Other Researches (administrative etc,) please specify: <input type="checkbox"/> 6.3 Non-BATMC <ul style="list-style-type: none"> <input type="checkbox"/> 6.3.1 Active and; Associate-Active, Visiting Consultants <input type="checkbox"/> 6.3.2 Residents-In-Training <input type="checkbox"/> 6.3.3 Fellows-In-training <input type="checkbox"/> 6.3.4 Residents/Fellows graduated completing research requirements <input type="checkbox"/> 6.3.5 Nursing <input type="checkbox"/> 6.3.6 Other Researches (administrative etc) please specify;
7. Proposed Study	<input type="checkbox"/> 7.1 Academic requirements (Thesis, Dissertation, Training Requirement) <input type="checkbox"/> 7.2 Independent research work

	<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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	<input type="checkbox"/> 7.3 Multi-institutional or multi-country collaboration <input type="checkbox"/> 7.4 Others (indicate):
8. PI Fascimile/CONTACT NUMBER/ EMAIL ADDRESS	
9. Classification of REVIEW	<input type="checkbox"/> EXPEDITED REVIEW
<i>(FOR RERC ONLY)</i>	<input type="checkbox"/> FULL BOARD REVIEW
	<input type="checkbox"/> EXEMPTED from REVIEW
10. Assigned Primary Reviewers	
11. Independent Consultant	