



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

4th Flr. Room 4013 Tel Nos. 9246101 local 568

E-mail : lcpierb@gmail.com. Website : erc@lcp.gov.ph

APPLICATION FORM FOR PROTOCOL REVIEW

Submission Date	
-----------------	--

Section 1. General Study Information

LCP-IERB CODE		Sponsor Protocol Number	
---------------	--	-------------------------	--

Protocol Title	
----------------	--

Type of Research	<input type="checkbox"/> Clinical Trial (Sponsored) <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Phase 1 <input type="checkbox"/> Phase 3 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Phase 2 <input type="checkbox"/> Phase 4 </div>	<input type="checkbox"/> Biomedical research (Retrospective, Prospective, and Diagnostic Studies)
	<input type="checkbox"/> Clinical Trials (Researcher-initiated)	<input type="checkbox"/> Stem Cell Research
	<input type="checkbox"/> Health Operations Research (Health Programs and Policies)	<input type="checkbox"/> Genetic Research
	<input type="checkbox"/> Social or Behavioral Research	<input type="checkbox"/> Others:
	<input type="checkbox"/> Public Health or Epidemiologic	
	<input type="checkbox"/> Multicenter (International)	<input type="checkbox"/> Multicenter (National)

Source of Funding	<input type="checkbox"/> Self-Funded	<input type="checkbox"/> Scholarship/Research Grant
	<input type="checkbox"/> Government-Funded	<input type="checkbox"/> Institution-Funded
	<input type="checkbox"/> Sponsored by Pharmaceutical Company Specify:	
	<input type="checkbox"/> Others:	

Study Site	<input type="checkbox"/> Lung Center of the Philippines	Duration of the Study (in months)
	<input type="checkbox"/> Non-LCP with local IRB/ERC	Number of Study Participants
	<input type="checkbox"/> Non-LCP without local IRB/ERC	

Section 2. Researchers Information

Role	Name	Email	Mobile / Phone / Fax Number	Institution / Department
Principal Investigator				
Co - Investigator				
Contact Person/s				

Preferred means of contact	<input type="checkbox"/> Mobile	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
-----------------------------------	---------------------------------	--------------------------------	------------------------------

OTHER ON-GOING STUDIES OF PI	
<i>Note: Use separate paper if necessary</i>	

Declaration of Conflict of Interest of PI	<input type="checkbox"/> I have no conflict of interest in any form (financial, proprietary, professional) with sponsor, co-investigators, or the site <input type="checkbox"/> I have personal/family/financial interest in the results of the study NATURE: _____ <input type="checkbox"/> I have proprietary interest in the research for which this application is being made (patent, trademark, copyright, licensing) NATURE: _____
--	---

Ethical Responsibility and COI Statement

I hereby pledge to address all forms of COI that I may have and perform my tasks objectively, protect the scientific integrity of the study, protect all human participants and comply with my ethical responsibilities as Investigator.

Principal Investigator's Signature	
Date	

Section 3. Authorization and Acknowledgment of Review
--

This section must be filled-up if the study site is outside the jurisdiction of LCP. If not applicable, put N/A in all fields. This is required only for initial review provided there are no changes in the study protocol information stated below. Attach an endorsement letter from the local IRB/ERC if it cannot serve as EC for this study protocol.

This section must be accomplished by the signatory official who can sign on behalf of the institution that has oversight on the research site.

Study Protocol Title			
Principal Investigator			
<p>This is to certify that the <NAME OF STUDY SITE>:</p> <ol style="list-style-type: none"> 1. Has a local Institutional Review Board/Ethics Review Committee but cannot serve as Ethics Review Committee (see attached endorsement letter) and 2. Authorizes and acknowledges the Lung Center of the Philippines Institutional Ethics Review Board located at the 4th Floor, Room 4013, Lung Center of the Philippines, Quezon Ave. Ext., Quezon City, 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 which includes progress monitoring, adverse event monitoring, and site visits. 			
Name of Study Site			
Address of Study Site			
Signatory Official		Position	
Signature		Date of Signature	