



# LUNG CENTER OF THE PHILIPPINES

## INSTITUTIONAL ETHICS REVIEW BOARD

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### PROTOCOL EVALUATION FORM

Submission Date	
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LCP-IERB CODE		Sponsor Protocol Number	
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Protocol Title	
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Name	Email	Mobile / Phone / Fax Number	Institution / Department
Principal Investigator			
Co - Investigator			
Sponsor			

Total Number of Participants		Number of Study Sites	
Duration of the Study (in months)		Status	<input type="checkbox"/> New <input type="checkbox"/> Amended

Reviewers	
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Type of Study	<input type="checkbox"/> Intervention <input type="checkbox"/> Epidemiology <input type="checkbox"/> Observational study <input type="checkbox"/> Document review <input type="checkbox"/> Individual based <input type="checkbox"/> Genetic <input type="checkbox"/> Social Survey <input type="checkbox"/> Others, specify: _____
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Type of Review	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited <input type="checkbox"/> Exempt
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Description of the Study in brief: <i>Mark whatever applies to the study</i>	<input type="checkbox"/> Randomized <input type="checkbox"/> Drug <input type="checkbox"/> Use of Genetic Materials <input type="checkbox"/> Double blind <input type="checkbox"/> Medical Device <input type="checkbox"/> Multicenter study <input type="checkbox"/> Single blind <input type="checkbox"/> Vaccine <input type="checkbox"/> Global protocol <input type="checkbox"/> Open label <input type="checkbox"/> Diagnostics <input type="checkbox"/> Sponsor Initiated <input type="checkbox"/> Observational <input type="checkbox"/> Questionnaire <input type="checkbox"/> Investigator Initiated
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Principal Investigator's Signature		Date	
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