



# LUNG CENTER OF THE PHILIPPINES

## INSTITUTIONAL ETHICS REVIEW BOARD

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### INFORMED CONSENT EVALUATION FORM

Submission Date	
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LCP-IERB CODE		Sponsor Protocol Number	
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Protocol Title	
Principal Investigators	
Sponsor	

INFORMED CONSENT DOCUMENT REVIEW		
1	Does the Informed Consent document state that the procedures are primarily intended for research? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
2	Are procedures for obtaining Informed Consent appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
3	Does the Informed Consent document contain comprehensive and relevant information? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
4	Is the information provided in the protocol consistent with those in the consent form? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
5	Are study related risks mentioned in the consent form? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
6	Is the language in the Informed Consent document understandable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

7	Is the Informed Consent translated into the local language/dialect? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
8	Is there adequate protection of vulnerable participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
9	Are the different types of consent forms (assent, legally acceptable representative) appropriate for the types of study participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
10	Are names and contact numbers from the research team and the IERB in the informed consent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
11	Does the ICF mention privacy & confidentiality protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
12	Is there any inducement for participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
13	Is there provision for medical / psychosocial support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
14	Is there provision for treatment of study-related injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
15	Is there provision for compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Principal Investigator's Signature		Date	
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