



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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PROTOCOL DOCUMENT REVIEW FORM

Submission Date	
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LCP-IERB CODE		Sponsor Protocol Number	
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Protocol Title	
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Principal Investigator	
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Sponsor	
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1	Objectives of the Study <input type="checkbox"/> Clear <input type="checkbox"/> Unclear	Comments:
2	Need for Human Participants <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
3	Methodology <input type="checkbox"/> Clear <input type="checkbox"/> Unclear	Comments:
4	Background Information and Data <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient	Comments:
5	Risks and Benefits Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
6	Inclusion Criteria <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Comments:
7	Exclusion Criteria <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Comments:
8	Withdrawal Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

9	Involvement of Vulnerable Participants <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
10	Voluntary, Non-Coercive Recruitment of Participants <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
11	Sufficient number of participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
12	Control Arms (placebo, if any) <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
13	Are the qualifications and experience of the participating investigators appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
14	Disclosure or Declaration of Potential Conflicts of Interest <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
15	Facilities and infrastructure of participating sites <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Comments:
16	Community Consultation <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
17	Involvement of local researchers and communities in the protocol preparation and implementation <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
18	Contribution to local capacity building <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
19	Benefit to local communities <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
20	Sharing of study results <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
21	Are blood/tissue samples sent abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
22	Will Pharmacogenetic study be done? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Principal Investigator's Signature		Date	
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