



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

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Checklist for Clinical Trial Outside LCP by Non-LCP Personnel

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				

Preferred means of contact	<input type="checkbox"/> Mobile	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
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External Site Name	External Site Address	External Site Medical Director / Administrator	Phone / Fax Number

Study Sponsor / CRO	
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INSTRUCTIONS: This form shall be filled-up by **Non-LCP** principal investigator applying for ethical clearance from the LCPIERB for a clinical trial that will be conducted outside the LCP premises. All fields must be filled out. If necessary, supporting documentation may be required.

	Yes	No	Remarks
1. Does the study site provide a 24-hr emergency room service?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your emergency room have a fully loaded e-cart?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does your emergency room have a functioning defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the study site provide ICU care?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the ICU have a functioning cardiac monitor?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the ICU have a fully loaded e-cart?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the ICU have a functioning defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the ICU have functioning ventilators?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the study site have an office space in the hospital that is conducive to the conduct of the clinical trial?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the study site have a telephone line?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the study site have a fax machine on 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Can the sponsor commit to pay for expenses for site visit by the LCPIERB (1 visit per year by two LCPIERB members and 1 Staff)?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the administrator of the study site willing to have a Certificate of Agreement (Authorization and Acknowledgment of Review) with LCP regarding the review of the study protocol and monitoring of the conduct of study by LCPIERB?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Where do you plan to recruit your research participants?	<name of site>		
15. How many patients with the condition of interest do you see per month in your clinic/hospital?	<quantity>		

Principal Investigator's Signature		Date	
Administrator of Study Site	<i>Signature over printed name</i>	Date	