LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

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INFORMED CONSENT EVALUATION FORM

Submission Date	

LCP-IERB CODE		Sponsor Protocol Number	

Protocol Title	

Name		Mobile / Phone Number
Principal Investigator		
Sponsor		

INSTRUCTIONS:	Please evaluate how the elements outlined below have been appropriately addressed by the informed consent form (ICF), as applicable, and by confirming the submitted information and putting your comments in the space provided under "COMMENTS." In your comments, ensure that **vulnerability, recruitment process, and process of obtaining informed** consent are always assessed in the context of the study protocol and the participant. Finalize your review by indicating your decision, recommendations and signing in the space provided for the primary reviewer.	
1	Does the Informed Consent document state that the procedures are primarily intended for research? ☐ Yes ☐ No	Comments:
2	Are procedures for obtaining Informed Consent appropriate? ☐ Yes ☐ No	Comments:
3	Does the Informed Consent document contain comprehensive and relevant information? ☐ Yes ☐ No	Comments:
4	Is the information provided in the protocol consistent with those in the consent form? ☐ Yes ☐ No	Comments:

5	Are study related risks mentioned in the consent form? ☐ Yes ☐ No	Comments:
6	Is the language in the Informed Consent document understandable? ☐ Yes ☐ No	Comments:
7	Is the Informed Consent translated into the local language/dialect? ☐ Yes ☐ No	Comments:
8	Is there adequate protection of vulnerable participants? ☐ Yes ☐ No	Comments:
9	Are the different types of consent forms (assent, patient representative) appropriate for the types of study participants? ☐ Yes ☐ No	Comments:
10	Are names and contact numbers from the research team and the IERB in the informed consent? ☐ Yes ☐ No	Comments:
11	Does the ICF mention privacy & confidentiality protection? ☐ Yes ☐ No	Comments:
12	Is there any inducement for participation? ☐ Yes ☐ No	Comments:
13	Is there provision for medical / psychosocial support? ☐ Yes ☐ No	Comments:
14	Is there provision for treatment of study-related injuries ☐ Yes ☐ No	Comments:
15	Is there provision for compensation? ☐ Yes ☐ No	Comments:

Decision	☐ Approval	☐ Minor Revision
	☐ Major Revision / Resubmission	☐ Disapproval

Recommendations: (Identify items for revision)	

Primary Reviewer	Signature	Date