



ISO 9001:2008
Certificate No. TUV 100 05 1782

BICOL UNIVERSITY

College of Medicine

Institutional Review Board

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APPLICATION FORM FOR PROTOCOL REVIEW (FORM 2.1)

	IRB Protocol Number:	
Sponsor Protocol Number:		Submission Date:
Type of Submission:	<input type="checkbox"/> Initial Review <input type="checkbox"/> Continuing Review <input type="checkbox"/> Resubmission for re-review <input type="checkbox"/> Protocol Termination <input type="checkbox"/> Protocol Amendments <input type="checkbox"/> Final Report	
Protocol Title:		
Principal Investigator:		
Telephone number:		Fax :
E-mail:		Preferred Contact <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Institute:		
Sponsor:		
Conflict of Interest Declaration (Relationship with sponsor)	Are you a regular employee of the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you do consultancy or part time work for the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> Yes In the past year, did you receive P250,000 or more from the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> Yes Other ties with the sponsor	
PI Signature:		

Documents submitted: <input type="checkbox"/> Protocol summary <input type="checkbox"/> CVs <input type="checkbox"/> Patient information form <input type="checkbox"/> GCP certificates <input type="checkbox"/> Informed consent form <input type="checkbox"/> Study budget <input type="checkbox"/> Advertisement <input type="checkbox"/> Revised protocol <input type="checkbox"/> Investigator brochure <input type="checkbox"/> Revised consent form <input type="checkbox"/> Protocol summary <input type="checkbox"/> Amendments <input type="checkbox"/> Case report forms (CRF) <input type="checkbox"/> Others: <input type="checkbox"/> Research team list	Type of Research (Clinical Trial, Genetic, Social Science) <hr/> Phase 1,2,3,4: <hr/> Study duration <hr/> Received by: <hr/> Date: <hr/>
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