B I C O L U N I V E R S I T Y
College of Medicine
Institutional Review Board
Telefax: (052) 742-0076
URL: http://www.bicol-u.edu.ph/bucm/
Email: bucm_irb@bicol_u.edu.ph

Review Checklist (FORM 2.5)

STUDY PROTOCOL INFORMATION

Reference Number:	
BUCM-IRB Code:	
Study Protocol Title:	
Principal Investigator:	<Title, Name, Surname>
Study Protocol Submission Date: *(to be accomplished by BUCM-IRB Staff)*	<dd/mm/yyyy>
Verified Complete by: *(to be accomplished by BUCM-IRB Staff)*	<Signature over Printed Name>
Classification of Review: *(to be accomplished by BUCM-IRB)*	☐ **EXPEDITED** ☐ **FULL BOARD**
Classified by the: ☐ **BUCM-IRB CHAIR** ☐ **BUCM-IRB COORDINATOR**	<Signature over Printed Name>

Basic Documents (must submit)

- ☐ Review Checklist **[BUCM-IRB-2.5]**
- ☐ 8 Copies of Complete Research Protocol
- ☐ 8 Copies of Informed Consent Forms
- ☐ Accomplished Application Review Form **[BUCM-IRB-2.1]**
- ☐ Protocol Summary Sheet **[BUCM-IRB-2.2]**
- ☐ Protocol Evaluation Form **[BUCM-IRB-2.3]**
- ☐ Informed Consent Evaluation Form **[BUCM-IRB-2.4]**
- ☐ Study tools (all data tools)
- ☐ Study drug/medical device information (Investigative brochure and relevant literatures)
- ☐ CV of PI and study team members (include proof of relevant literatures)
- ☐ Electronic copy of study protocol & **BUCM-IRB FORMS 2.1 to 2.5**
- ☐ Information regarding fund, sponsor, institution application
- ☐ Study/protocol budget
- ☐ Contract of MOAs, MTAs, IPO, IDE and other relevant approval documents
- ☐ Previous IRB and approval result (if any)

Reviewed and verified by :

IRB Secretariat

Classification :

- ☐ Expedited Review
- ☐ Full-committee Review