



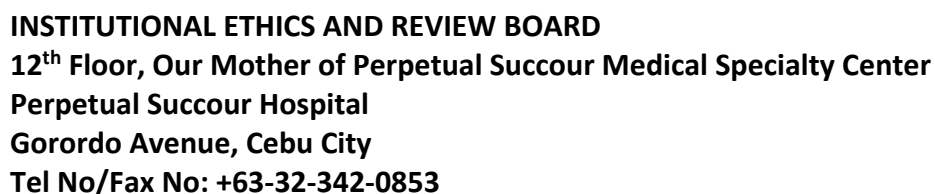
INSTITUTIONAL ETHICS AND REVIEW BOARD
12th Floor, Our Mother of Perpetual Succour Medical Specialty Center
Perpetual Succour Hospital
Gorordo Avenue, Cebu City
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Assessment of Ethical Issues and Informed Consent Form

PSH-IERB
Form 3B

PSH-IERB CODE	
PROTOCOL NUMBER	
DATE OF PROTOCOL SUBMITTED	
PROTOCOL TITLE	
PRINCIPAL INVESTIGATOR	
LEAD PROTOCOL REVIEWER	
LEAD ICF REVIEWER	
SPONSOR/ CRO	
CONFLICT OF INTEREST	

1. Is it necessary to seek the informed consent of the participants?		<input type="radio"/> Yes	<input type="radio"/> No
If No , please explain:			
If Yes , is there enough information provided to the participants regarding:			
• Purpose of the study?		<input type="radio"/> Yes	<input type="radio"/> No
• Expected duration of participation?		<input type="radio"/> Yes	<input type="radio"/> No
• Procedures to be done?		<input type="radio"/> Yes	<input type="radio"/> No
• Risks to the participants?		<input type="radio"/> Yes	<input type="radio"/> No
• Benefits to the participants?		<input type="radio"/> Yes	<input type="radio"/> No
• Random assignment to the trial treatments?	<input type="radio"/> Not applicable	<input type="radio"/> Yes	<input type="radio"/> No
• Alternative treatments/procedures?	<input type="radio"/> Not applicable	<input type="radio"/> Yes	<input type="radio"/> No
• Compensation and/or medical treatments in case of injury?	<input type="radio"/> Not applicable	<input type="radio"/> Yes	<input type="radio"/> No
• Who to contact for pertinent questions and/or for assistance in a research related injury?		<input type="radio"/> Yes	<input type="radio"/> No
• Refusal to participate or withdrawal at any time? Will this involve penalty or loss of benefits to which the subject is entitled?		<input type="radio"/> Yes	<input type="radio"/> No
• Extent of confidentiality?		<input type="radio"/> Yes	<input type="radio"/> No
• Is there an adequate and clear description of the data protection plan and details about how data will be stored (including who has access to the data)?		<input type="radio"/> Yes	<input type="radio"/> No



RECOMMENDATIONS:

- REVIEWER:** _____
SIGNATURE: _____
DATE: _____