



INSTITUTIONAL ETHICS AND REVIEW BOARD
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<h1 style="margin: 0;">Application for Protocol Review</h1>		PSH-IERB Form 2A Form 2A-1
(Request for Exempted Review, if applicable)		
PSH-IERB Code:		Date Submitted
Protocol No: Protocol Title:		
Principal Investigator:	Sub Investigator:	Study Coordinator:
Email Address:		Contact No:
Name of Sponsor/CRO:		
Sponsor's Local Address		
Insurance Policy:		Previous Review and Approvals:

PROTOCOL INFORMATION

Target Number of Participants (All Sites):	Target Number of Participants (PSH Site):
Duration of Study:	
STUDY TYPE: (Mark "✓" whichever apply to the study)	
<input type="checkbox"/> Survey <input type="checkbox"/> Social <input type="checkbox"/> Medical <input type="checkbox"/> Community based <input type="checkbox"/> Individual based <input type="checkbox"/> Screening <input type="checkbox"/> Observational <input type="checkbox"/> Epidemiology <input type="checkbox"/> Intervention study <input type="checkbox"/> Clinical Trial: <input type="checkbox"/> Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV <input type="checkbox"/> Genetic Study <input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective <input type="checkbox"/> Others _____	
STUDY POPULATION:	
<input type="checkbox"/> Healthy <input type="checkbox"/> Patient <input type="checkbox"/> Vulnerable groups, pls specify _____	
CHARACTERISTICS of PARTICIPANTS PARTICIPATED :	
Age Range: <input type="checkbox"/> 0 -17 yrs <input type="checkbox"/> 18 - 44 yrs <input type="checkbox"/> 45 - 65 yrs <input type="checkbox"/> ≥ 66 yrs Pediatric <input type="checkbox"/> None <input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4 -14 yrs Impaired <input type="checkbox"/> None <input type="checkbox"/> Physically <input type="checkbox"/> Cognitively <input type="checkbox"/> Mentally	
BENEFITS FROM PARTICIPATING IN THE STUDY: Pls. specify	
REQUESTED EXCLUSION OF PARTICIPANTS:	
<input type="checkbox"/> None <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Children <input type="checkbox"/> Other (specify)	
FORM 2A-1	
REQUEST FOR EXEMPTED REVIEW: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pls. specify reason/s: _____	
Submitted by:	
SIGNATURE OVER PRINTED NAME	Date: _____

