

	AMYA POLYTECHNIC COLLEGE, INC. RESEARCH ETHICS COMMITTEE (REC)			
	APPLICATION FOR ETHICS REVIEW OF A NEW PROTOCOL FORM		REC Form No.	
			Date of Effectivity	
			Version No.	1
		Version Date	02/12/26	

Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked below (in Section 3. Checklist of Documents).			
1. General Information			
Title of the Study			
REC Code		Study Site	
Name of Researcher			
Co-researcher (if any)			
Institution		Contact Information	Tel. No.:
Institution Address of Institution			Mobile No.:
			Email:
Type of Study	☐ Clinical Trial (Sponsored) ☐ Clinical Trials (Researcher-initiated) ☐ Health Operations Research (Health Programs and Policies) ☐ Social / Behavioral Research ☐ Public Health /Epidemiologic Research ☐ Biomedical research (Retrospective, Prospective and diagnostic studies) ☐ Stem Cell Research ☐ Genetic Research ☐ Others _____		
	☐ Multicenter (International) ☐ Multicenter (National) ☐ Single Site		
Source of Funding	☐ Government-Funded ☐ Scholarship/Research Grant ☐ Sponsored by a Pharmaceutical Company Specify: _____ ☐ Institution-Funded ☐ Others		
Duration of Study	Start Date: End Date: No. of Study Participants:		

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Has the Research undergone Technical Review?	☐ Yes (please attach technical review results) ☐ No ☐ Yes
Has the Research been submitted to another REC?	☐ Yes (please attach technical review results) ☐ No ☐ Yes

2. Brief Description of the Study

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3. Checklist

Basic Requirements:

- ☐ Letter request for review
- ☐ Endorsement/Referral Letter
- ☐ Full proposal / study protocol
- ☐ Technical Review Approval
- ☐ Curriculum Vitae of Researcher/s
- ☐ Informed Consent Form
 - ☐ English version ☐ Filipino version
- ☐ Others _____
- ☐ Assent Form (if applicable)
 - ☐ English version ☐ Filipino version
- ☐ Others: _____

Supplementary Documents:

- ☐ Questionnaire (if applicable)
- ☐ Data Collection Forms (if applicable)
- ☐ Product Brochure (if applicable)
- ☐ Philippine FDA Marketing Authorization or Import License (if applicable)
- ☐ Permit/s for special populations (please specify)
 - _____
 - _____
- ☐ Others (please specify)
 - _____
 - _____

Accomplish

Signature

Date Submitted:

-To be filled out by the REC Secretariat -

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Completeness of Document	☐ Complete ☐ Incomplete	(place stamp here)
Remarks		
Date Received		
Received by		