**University Research Ethics Committee**

**SILLIMAN UNIVERSITY**

**Dumaguete City**

**STANDARD APPLICATION FORM FOR ETHICAL REVIEW OF RESEARCH PROPOSAL**

**General Instruction**

Please accomplish \_\_\_\_\_ (number) copies and a soft copy of this application form and attach them to copies of the proposal submitted for review.

 **1. Reference Number** (To be assigned by the UREC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Title of Project**

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|  |

1. **This project is (Please check):**
* Silliman University faculty/staff research project \_\_\_\_\_\_\_\_\_
* Silliman University postgraduate/ post-baccalaureate research student project \_\_\_\_\_\_\_\_\_
* SU undergraduate research student project \_\_\_\_\_\_\_\_\_
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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**4. Investigators**

1. Please give details of the principal investigators or supervisors (for student projects).

|  |  |
| --- | --- |
| Name: Title/First Name/Family Name |  |
| Highest qualification and position held: |  |
| School/Department  |  |
| Telephone: |  |
| Email address: |  |

|  |  |
| --- | --- |
| Name: Title/First Name/Family Name |  |
| Highest qualification and position held: |  |
| School/Department  |  |
| Telephone: |  |
| Email address: |  |

 b. Please give details of any co-investigators or co-supervisors (for student projects).

|  |  |
| --- | --- |
| Name: Title/First Name/Family Name |  |
| Highest qualification and position held: |  |
| School/Department  |  |
| Telephone: |  |
| Email address: |  |

 c. In the case of student projects, please give details of the student.

|  |  |  |
| --- | --- | --- |
| Name of student: |  | Student No: |
| Course of study: |  | Email address: |
| Principal supervisor: |  | Contact number: |

|  |  |  |
| --- | --- | --- |
| Name of student: |  | Student No: |
| Course of study: |  | Email address: |
| Principal supervisor: |  | Contact number: |  |

**5. Estimated start project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Estimated end of project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Funding (**List the funding sources (including internal sources) and give the status of each source).

|  |  |
| --- | --- |
| Funding Body | Approved/Pending/To be submitted |
|  |  |

**8. Type of Study** (basic research, clinical trial (randomized, placebo controlled, double blind), social research, epidemiology, survey, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Expected Number of Participants:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Project Abstract** (Not more than 250 words in a separate paper as attachment):

**11. Ethical Concerns** (Are there any ethical issues that can be foreseen in the implementation of the project?):

**12. Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: The ethics review/evaluation will normally require eight weeks from receipt of the complete proposal from the proponent.

**For further information, contact:**

 Name of Contact Person (s): **Asst. Prof. Cyflor E. Putong** - Chairperson

**Dr. Kim G. Sarong** - Secretary

Name Committee: University Research Ethics Committee of Silliman University

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