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| **Name of REC:** | Click here to enter text. |
| **Name of Institution:** | Click here to enter text. |
| **Address: (No., Street, Town/City, Province, Region)** | Click here to enter text. |
| **Name of Chairperson:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **Mobile:** | Click here to enter text. |
| **Email address:** | Click here to enter text. |
| **Name of Contact Person:** | Click here to enter text. | **Position:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **Mobile:** | Click here to enter text. |
| **REC Email address:** | Click here to enter text. |

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| **Please indicate whether the following documents have been submitted:** | **YES** | **NO** | ***Remarks*** |
| Application Letter |[ ] [ ]  Click here to enter text. |
| PHREB Form No. 1.1 (Application for Accreditation) |[ ] [ ]  Click here to enter text. |
| Institutional Organizational Chart showing the location of REC in relation to other institutional units |[ ] [ ]  Click here to enter text. |
| Administrative Issuance that established the REC, its Independence in Decision-making and Statement of Administrative Support |[ ] [ ]  Click here to enter text. |
| Administrative Issuance regarding Policy on Requirement for Ethics Review of Research involving Human Participants |[ ] [ ]  Click here to enter text. |
| CVs and Appointment letters of REC members and Staff |[ ] [ ]  Click here to enter text. |
| Training records of REC members and Staff |[ ] [ ]  Click here to enter text. |
| Latest three meeting agenda and minutes (for Level 2) |[ ] [ ]  Click here to enter text. |
| Pictures of REC office including equipment | [ ]  | [ ]  | Click here to enter text. |
| Manual of SOPs with the following contents:  |[ ] [ ]  Click here to enter text. |

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| **List of REC Standard Operating Procedures (please check if available):** |
|[ ]  1. Table of Contents
 |[ ]  n. Three (3) Protocol File Folders  (for Level 2)* One (1) Completed Full Review
* One (1) On-going Full Review
* One (1) Completed Expedited Review
 |
|[ ]  1. Overview/Introduction (Mission-Vision of the Institution, institutional organizational chart that includes the REC, institutional policies related to human protection & research ethics review, structure & mandate of REC
 |[ ]  o. Review of the Final Report |
|  |  |[ ]  p. Review of an Early Termination Report |
|  |  |[ ]  q. Management of Appeals |
|  |  |[ ]  r. Conduct of Site Visits |
|[ ]  1. REC Structure & Composition (Selection and Appointment of Members)
 |[ ]  s. Preparing for a Meeting |
|[ ]  1. Designation of Officers
 |[ ]  t. Preparing the Meeting Agenda |
|[ ]  1. Appointment of Independent Consultants
 |[ ]  u. Conduct of Meeting |
|[ ]  1. Expedited Review
 |[ ]  v. Preparing the Minutes of Meeting |
|[ ]  1. Full Review
 |[ ]  w. Communicating REC Decisions |
|[ ]  1. Management of Initial Submission
 |[ ]  x. Management of Incoming and Outgoing Communications |
|[ ]  1. Review of Resubmissions
 |[ ]  1. Management of Active Files
 |
|[ ]  1. Review of Progress Reports
 |[ ]  1. Archiving
 |
|[ ]  1. Review of Protocol Deviation and Violation
 |[ ]  1. Management of Access to Confidential Files
 |
|[ ]  1. Review of Safety Reports (SAEs, SUSARS, RNEs)
 |[ ]  1. Management of Queries and Complaints
 |
|[ ]  1. Management of an Application for Continuing Review
 |[ ]  1. Writing and Revising SOPs
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| **Submitted by:** | Click here to enter text.Signature over Printed Name | **Date of Application:** | Click here to enter a date. |
| **Noted by:** | Click here to enter text.Signature over Printed Name of REC Chair | **Date:** | Click here to enter a date. |
| **Endorsed by:** | Click here to enter text.Signature over Printed Name of Head of Institution | **Date:** | Click here to enter a date. |