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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. |