



Version no. 8

January 4, 2024

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**NATIONAL CENTER FOR MENTAL HEALTH
RESEARCH ETHICS COMMITTEE**

**FORM 2.1
APPLICATION FOR INITIAL REVIEW**

		REC Protocol No.	<to be filled up by REC Staff>
Sponsor Protocol No.	<to be filled up by REC Staff>	Submission Date	<to be filled up by REC Staff>
Protocol Title			
Type of Research	<input type="checkbox"/> Biomedical studies <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Public Health Research <input type="checkbox"/> Social Research <input type="checkbox"/> Health Operations Research <input type="checkbox"/> Others(specify): _____		
Principal Investigator			
Study Duration			
Sponsor			
Telephone No.		Fax No.	
E-mail Address		Preferred means of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Institution			
Are you an employee of the sponsor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you do consultancy or part time work for the sponsor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, did you receive ₱250,000 or more from the sponsor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other ties with the sponsor:			
Ethical Responsibility and Conflict of Interest (COI) Statement			
I hereby pledge to address all forms of COI that I may have and perform my tasks objectively, protect the scientific integrity of the study, protect all human participants and comply with my ethical responsibilities as Investigator.			
Principal Investigator Signature			



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FORM 2.1 APPLICATION FOR INITIAL REVIEW

- **Basic Documents must be submitted: (check the documents applicable to your proposal for submission)**
 - Application for Initial Review (Form 2.1)
 - Protocol Summary Sheet (Form 2.2)
 - Study Protocol
 - Diagrammatic work flow
 - Gantt chart for Schedule of activities
 - Supplementary Documents (if applicable)
 - Questionnaire
 - Data Collection Forms
 - Product Brochure
 - Investigator's Brochure (for clinical trials phase I, II, III) or Basic Product Information Document for Phase IV clinical trials (if applicable)
 - Philippine FDA Marketing Authorization or Import License (if applicable)
 - Permit/s for Special Population (please specify)
_____ (if applicable)
 - Informed Consent Form
 - English Tagalog Others
 - Assent Form (if applicable)
 - English Tagalog Others
 - Technical Review Committee/Department Approval
 - Good Clinical Practice (GCP)** Training Certificate of PI, Co-I and the rest of the study team: updated at least within THREE (3) years (for clinical trials), **GRP, BRET, RCR** or any **Ethics Training** for Non-Clinical Trials
 - Curriculum Vitae for all members of the Study Team
- **Study Specific Documents (Submit as needed particularly for externally originated studies and sponsored studies)**
 - Recruitment advertisements (as needed by the study protocol)
 - Other information or documents for participants (such as diaries, etc.)
 - Memorandum of Agreement (for collaborative studies)
 - Non-NCMH researcher or with sponsor
 - NCMH researcher is funded by a sponsor
 - Previous ethical review approvals/clearances (for students/personnel of foreign universities researching in the Philippines or those with prior ethical review)
 - Clearance or permit from respective regulatory authorities (such as FDA approval for clinical trials and DENR local transport permit, as applicable)
 - Contracts and/or Approval of relevant offices / regulatory authorities (Written review agreement / Authorization and Acknowledgement of review)

Received by: _____

REC Staff

Date