

NCMH-REC FORM 2.3 PROTOCOL EVALUATION FORM To be filled up by the primary reviewer

Protocol Number

| Protocol Title: | Date (m/d/y): |
|---|------------------------|
| | |
| | |
| | |
| Principal Investigator | Contact Number/Email: |
| | |
| | |
| Co – Principal Investigator / Members of the Research | Contact Number/Email: |
| Feam: | |
| | |
| | |
| Institution: | Duration of the Study: |
| | |
| Total No. of Participants: | No. of Study Sites: |
| | |
| Expected No. from Philippine sites: | No. of Study Sites: |
| | |
| Sponsor: | Contact No./Email: |
| | |
| Reviewers: | |
| | |

| Intervention | Epidemiology | Observational study |
|-----------------|-----------------|---------------------|
| Document review | Case study | Genetic |
| Social survey | others, specify | |

| Review | Туре: | | Full Bo | oard | | Expedite | d | | Exempt |
|---|---|--------|---------|-----------------------------------|-----------------------------------|-----------------------------------|-------------|-----------------------------|---|
| Description of the Study in brief: Mark whatever applies to the study. | | | | | | | | | |
| | Randomized Double-blind Single-blind Open-label Observational | | | Vaccin Diagno | | |]]] | Multice Global Sponsc | genetic materials enter study protocol or-initiated gator-initiated |
| A. Prot | ocol Documen | I | | | | | | | |
| 1. Social and Scientific Value | | | | | | Comments/What should be improved? | | | |
| 2. Objectives of the Study □ Clear □ Not Clear | | | | | | Comments/What should be improved? | | | |
| 3. Need for Human Participants | | | | | | Comments/What should be improved? | | | |
| 4. Background Information Sufficient Sufficient | | | | | Comments/What should be improved? | | | | |
| 5. Methodology | | | | | Comments/What should be improved? | | | | |
| 6. Sufficient Number of Participants | | | | | | Comme | nts/W | hat sho | ould be improved? |
| 7. Control Arms (placebo, if any) | | | | | | Comments/What should be improved? | | | |
| 8. Data Analysis Plan Appropriate Not Appropriate | | | | | | Comme | nts/W | hat sho | ould be improved? |
| | y Outcomes ined 🗌 Inco | mplete | □ N | ot Defin | ned | Comme | nts/W | hat sho | ould be improved? |
| 10. Level of Risk □ Negligible □Low Risk □ Minimal Risk □ More than minimal □Moderate □ High Risk | | | Risk | Comments/What should be improved? | | | | | |
| | 11. Risk Assessment Appropriate Not Appropriate | | | | | Comments/What should be improved? | | | |
| | 12. Benefits Assessment Appropriate Not Appropriate | | | | | Comments/What should be improved? | | | |
| 13. Inc | 13. Inclusion Criteria | | | | | Comments/What should be improved? | | | |

| □ Appropriate □ Not Appropriate | |
|--|-----------------------------------|
| 14. Exclusion Criteria | Comments/What should be improved? |
| 15. Withdrawal Criteria | Comments/What should be improved? |
| 16. Involvement of Vulnerable Participants □ Yes □ No | Comments/What should be improved? |
| 17. Protection of Vulnerable Participants Appropriate Not appropriate | Comments/What should be improved? |
| 18. Voluntary, non-coercive recruitment of participantsYesNo | Comments/What should be improved? |
| 19. Are the qualifications and experience of the participating investigators, research team appropriate Yes No | Comments/What should be improved? |
| 20. Disclosure of potential Conflicts of Interest ☐ Yes | Comments/What should be improved? |
| 21. Facilities and infrastructure of participating sites □ Yes □ No | Comments/What should be improved? |
| 22. Community consultation ☐ Yes ☐ No ☐ NA | Comments/What should be improved? |
| 23. Involvement of local researchers and communities in the protocol preparation and implementation Yes NO NA | Comments/What should be improved? |
| 24. Contribution to local capacity building □ Yes □ No □ NA | Comments/What should be improved? |
| 25. Benefit to local communities □ Yes □ No □ NA | Comments/What should be improved? |
| 26. Sharing of study results □ Yes □ No □ NA | Comments/What should be improved? |
| 27. Are blood/tissues sample sent abroad □ Yes □ No □ NA | Comments/What should be improved? |

B. Recommendation

| Decision: | Approval Minor Modification Major Modification / Resubmission Disapproval | on |
|----------------------|--|--------------|
| | | |
| Reviewer's Name : | | |
| | Signature above printed name | Date (M/D/Y) |