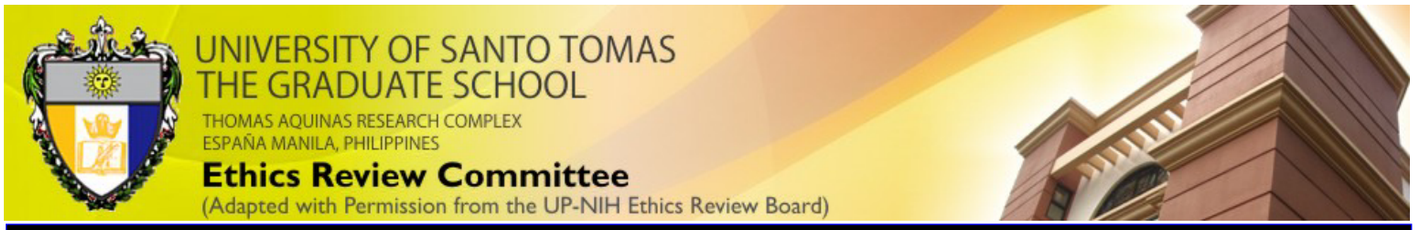

REVIEWER'S ASSESSMENT FORM (FORM 33)

** ALL CAPS preffered for this field*

* PROJECT TITLE/RESEARCH STUDY

* PROPONENT (SURNAME) (FIRSTNAME) (MIDDLENAME)

* CONTACT NUMBER OF PRIMARY INVESTIGATOR * ADVISER * INSTITUTION/AFFILIATION:

Research Classification

☐ Undergraduate ☐ Doctoral ☐ Clinical Trial

☐ Masteral ☐ Independent

* Supervisor's Name:

For the Principal Investigator Reviewer's Assessment Form *(kindly check the items that apply to your protocol)*				**For the Reviewer/s** *(kindly include your review comments)* **For the Proponent (Student)** *(kindly include the page number for every "yes")*
A. The protocol/research study contains the following:	**YES**	**NO**	**N/A**	
1. Background of the Study	○	○	○	
2. Significance of Study	○	○	○	
3. Rationale of Study	○	○	○	
4. Literature Review				
a. Results of animal/human studies	○	○	○	
b. Known risks of procedures	○	○	○	
c. Known benefits of procedure	○	○	○	
d. Known adverse effects of drugs/procedures	○	○	○	
5. Objectives of Study				
a. Primary objective	○	○	○	
b. Secondary objectives.	○	○	○	
6. Statement of Risks of the Project				
a. To study participants	○	○	○	
b. To community	○	○	○	
7. Possible adverse events (AE)	○	○	○	
8. Statement of benefits of the project				
a. To study participants	○	○	○	
b. To community	○	○	○	
9. Recruitment of participants				
a. Recruitment procedures	○	○	○	
b. Inclusion/Exclusion criteria	○	○	○	
10. Methods				
a. Type of study design	○	○	○	
b. Setting for project	○	○	○	
c. Duration of project	○	○	○	
d. Procedures to be done	○	○	○	
11. Informed consent/Elements of Informed Consent				
a. Participation information	○	○	○	
b. Informed Consent of Participant/s	○	○	○	
c. Voluntarism of Participants	○	○	○	
d. Consent of legal guardian/s ***(if needed)***	○	○	○	
e. Two witnesses ***(if needed)***	○	○	○	
12. Conflict of interest				
a. Full disclosure of potential sources of conflict of interest involving any of the authors or the granting agency.	○	○	○	
b. Anonymity, privacy and confidentiality of health information	○	○	○	
c. Full disclosure of publication rights	○	○	○	
d. Amount and method of reimbursement of trial-related expenses of the study participants	○	○	○	

REVIEWER'S ASSESSMENT FORM (FORM 33)

13. Vulnerable subjects involved in the study				
a. A description of who may solicit consent, how, and when it will be done	○	○	○	
b. A description of who may give consent (involving minors and not legally competent to give consent)	○	○	○	
c. Full disclosure of publication rights	○	○	○	
d. Involvement of sensitive topics (sexual activity, illegal or political behaviour, mental health, gender or ethnic status, drug use).	○	○	○	
14. Risks				
a. Provisions for management of adverse reactions	○	○	○	
b. Interim analysis and provisional or mandatory cessation guidelines in case harmful effect are demonstrated during the study	○	○	○	
c. Non-material compensation to participant/s such as health education or other creative benefits, where no clear, direct benefit from the project will be received by the said participant/s	○	○	○	
d. Guarantee of medical care/indemnification of study participant/s in case of trial-related injuries, which shall not be subject to previous Waiver	○	○	○	
e. Involving the collection, use and storage of human tissues/specimens and genetic information (blood, urine. saliva, DNA , etc.)	○	○	○	
f. Level of risks				
1) Low	○	○	○	
2) Medium	○	○	○	
3) High	○	○	○	
15. Curriculum vitae of investigators				
a. Complete name, titles, institutional affiliations of principal investigator	○	○	○	
b. Name of co-workers	○	○	○	
c. Job description of co-workers	○	○	○	
d. Responsibilites of each worker	○	○	○	
e. Contract with sponsor	○	○	○	
16. Project sponsor/s				
a. Complete name	○	○	○	
b. Address	○	○	○	
c. Name of contact person/s	○	○	○	
d. Telephone number of contact person/s	○	○	○	
e. Statement of sponsor's interest /co-authorship	○	○	○	
17. List of references	○	○	○	
18. Budget	○	○	○	

B. SUMMARY OF COMMENTS

☐ Approval/Favorable opinion

☐ Modifications required prior to approval

☐ Dissapproval/Negative opinion

Date:

Reason/s for disapproval

_____
(Member, USTGS Ethical Review Committee)
Signature over printed name)

Date: _____

C. FINAL ACTION

☐ APPROVED

☐ DISAPPROVED

_____
(Chairperson, USTGS Ethical Review Committee)
Signature over printed name)

Date: _____

Print Form