Form 5.2 Application for Initial Protocol Review

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***APPLICATION FOR INITIAL PROTOCOL REVIEW***

| **Sponsor Protocol Number** |  | **ERC Protocol Number:**  |  |
| --- | --- | --- | --- |
| **Submission Date:** |  |
| **Protocol Title:** |  |
| **Principal Investigator:** |  |
| **Telephone Number:** |  | **Mobile Number** |  | **Fax:** |  |
| **Email Address:** |  | **Preferred Contact:** | **☐ Phone ☐ Fax ☐ Email** |
| **Institute:** |  |  |  |
| **Sponsor:** |  |  |  |
| **Conflict of Interest Declaration (Relationship with Sponsor)** | **Are you a regular employee of the sponsor?** **Did you do consultancy or part-time work for the sponsor?** **In the past year, did you receive any monetary remuneration from the sponsor?** **Other ties with the sponsor** | **☐ Yes****☐ Yes****☐ Yes****☐ Yes** | **☐ No****☐ No****☐ No****☐ No** |
| **Signature of Principal Investigator** |  |
| **Verified Complete by :****(ERC Staff)** |  |
| **Classification of Review:****(ERC Chair/Vice-Chair/Member Secretary)** | **☐ Full review****☐ Expedited****☐ Exempt from Review** |
| **Assigned Primary Reviewers:****(ERC Chair)** | **Primary reviewer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Primary reviewer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |