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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |