

**Philippine Health Research Ethics Board**

**(PHREB)**

**REGISTRATION FORM FOR RESEARCH ETHICS COMMITTEES**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(No., Street, Town/City, Province, Region)

Contact Person and Position: \_\_\_\_\_

Contact Number (landline): \_\_\_\_\_

Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Year Ethics Committee was established: \_\_\_\_\_

Ethics Committee Office Number: \_\_\_\_\_

**Present Officers and Members of Ethics Committee**

Designation	Name	Expertise	Affiliated with the institution/ Non-affiliated (√ / X)	Ethics Training (Y/N)	Title of Training
Chairperson					
Co- Chair					
Secretary					
Members					

Type of research reviewed	No.
Clinical trials ( drugs and devices) Phase 1,2,3 or 4	
Epidemiologic researches	
Herbal medicine trials	
Community based researches	
Others (Behavioral)	

Schedule of review fees, if any: \_\_\_\_\_

Does the committee have a written Manual of Standard Operating Procedures?

(Yes/ No)

Last Update (dd/mm/yr): \_\_\_\_\_