

REGIONAL HEALTH RESEARCH AND DEVELOPMENT CONSORTIUM XI
c/o Department of Science and Technology XI
Cor. Friendship and Dumanlas Roads, Bajada, Davao City

APPENDIX B

ETHICS REVIEW COMMITTEE (ERC)
Standard Application Form
FOR ETHICAL EVALUATION OF PROPOSAL

General Instructions:

Accomplish ten (10) copies of this application form and attach them to copies of the proposal to be submitted to the Ethics Review Committee (ERC).

For further information, contact:

The RHRDC XI Secretariat

Cor. Friendship and Dumanlas Roads, Bajada, Davao City

Telephone No. (082) 221-5971; 227-1313 (102) Fax No: (082) 221-5295

email: mayolleah_rhrdc@yahoo.com

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1. Reference Number: _____
 2. Name of Organization/Institution: _____
 3. Name: _____
 4. Address / Contact Nos.: _____
 5. Project Coordinator or Principal Investigator:
Name: _____
Position: _____
Address: _____
Contact Nos.: (Tel / Fax / Mobile Nos. / e-mail address) _____
 6. Project Title: _____
 7. Planned Date of Start: _____
 8. Project Abstract / Ethical Concerns: (Attach summary of proposal and ethical concerns)
 9. The ERC has assessed and granted ethical clearance to this proposal:
- _____
- Name of ERC Chair
- _____
- Signature
10. Date: _____