UNIVERSITY OF PERPETUAL HELP SYSTEM –DALTA
UNIVERSITY OF PERPETUAL HELP SYSTEM- JONELTA
INSTITUTIONAL ETHICS REVIEW BOARD
Biomedical Research Institute,
Upper Basement, Upper Basement, Tamayo Tower., UPHDMC
Alabang Zapote Road, Las Piñas City, Tel. No. (632) 874-8515 local 631

CONTINUING REVIEW FORM (FORM 3.2 (A)2018)

IERB Protocol No.		Initial Approval Date:	

Protocol Title			
Principal Investigator			
Email:		Telephone: Mobile:	
Sponsor:			
Email:		Telephone: Mobile:	
Date of research site initiation:			
Explanation, if not yet initialized as of date of this application:			

To be filled up by IERB

Date received:		Received by:	
		Printed name:	
		Signature:	

Types of Application (Kindly check appropriate boxes below)

☐ Progress Report

☐ Renewal of IERB Approval

- ☐ New Participant accrual to continue
- ☐ Enrolled participant follow up only

☐ Termination of Study

Any amendment since the last review/approval? (if yes, describe briefly and indicate date/s of Study Protocol Amendment Submissions/s)	☐ No	☐ Yes
Any change in participant population, recruitment or selection criteria since the last review/ approval? (If yes, explain the changes and indicate date/s Study Protocol Submission/s)	☐ No	☐ Yes
Any change in the Informed Consent process or documentation since the last review/approval? Attach latest version of participant information sheet and informed consent form/document (If yes, please explain changes and indicate dates of Study Protocol Amendment Submission/s)	☐ No	☐ Yes
Is there any new information in recent literature or similar research that may change the risk/ benefit ratio for participants in this study? (If yes, discuss and attach a narrative.)	☐ No	☐ Yes
Any unexpected complication or side effect noted since the last review/approval? (If yes, summarize and indicate date/s of SUSAR report submissions.)	☐ No	☐ Yes
Did any participant withdraw from this study since the last approval? (Reasons for withdrawal)	☐ No	☐ Yes

Any new investigator that has been added to or removed from the research team since the last review/approval? (If yes, please identify them and submit the CVs of new investigators.) ☐ No ☐ Yes

Summary of protocol participants(Indicate the number of participants in the corresponding boxes below)

☐ New participants accrued since last review/approval

☐ Total participants accrued since protocol began

Total participants accrued since protocol began (Indicate the corresponding number in the boxes provided)

ACCRUAL EXCLUSIONS

☐ None

☐ Male

☐ Female

☐ Others (Specify) _____

Are there any new collaborating sites that have been added or deleted since the last review? If yes, please identify the sites and note the addition or deletion. ☐ No ☐ Yes

Impaired Participants(Please indicate the corresponding number in the boxes provided)

☐ None

☐ Physically

☐ Cognitively

☐ Both

Signature of Principal Investigator:	
Date Signed: dd/mm/yyyy	

Recommendations (for IERB use only)

Comments of Primary Reviewer

Recommended Action

- ☐ Approve
- ☐ Request an amendment to the protocol or the consent form.
- ☐ Request further information.
- ☐ Suspend or terminate the study
- ☐ Others:

Type of review:

- ☐ Expedited review
- ☐ Full board review

Date of meeting: _____

Changes to the protocol recommended ☐ No ☐ Yes

Comments:

Changes to the informed consent form recommended? ☐ No ☐ Yes Comments:	

Primary Reviewer:	Signature:	Date:

IERB Final Decision:	☐ Approve Progress Report ☐ Minor Revisions recommended for Protocol ☐ Protocol ☐ Informed Consent Form ☐ Major Revision recommended for ☐ Protocol ☐ Informed Consent Form ☐ Renew IERB Approval for 1 year ☐ Terminate Study

Certified by:

Name of Secretary-General	Signature:	Date

Name of IERB Chairperson	Signature:	Date