

Application Form for Initial Protocol Review

		MMERC Protocol No.		
Sponsor Protocol No.		Submission Date:		
Protocol Title				
Principal Investigator	<input type="checkbox"/> Resident Supervising Investigator _____			
Telephone Number		Fax Number		
E-mail Address		Preferred Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	
Institute				
Sponsor				
Conflict of Interest Declaration (Relationship with sponsor)	Are you a regular employee of the sponsor?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Did you do consultancy or part time work for the sponsor?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	In the past year, did you receive PhP 250,000.00 or more from the sponsor? Other ties with the sponsor		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PI Signature				
Documents Submitted:			Type of Research (e.g. Clinical Trial, Genetic, Social Science):	
<input type="checkbox"/> Protocol Summary <input type="checkbox"/> Patient Information Form <input type="checkbox"/> Informed Consent Form <input type="checkbox"/> Advertisement <input type="checkbox"/> Investigator Brochure <input type="checkbox"/> Case Report Forms (CRF) <input type="checkbox"/> Research Team List			<input type="checkbox"/> CVs <input type="checkbox"/> GCP Certificate <input type="checkbox"/> Study Budget <input type="checkbox"/> Revised Protocol <input type="checkbox"/> Amendments <input type="checkbox"/> Others _____	
			Phase 1,2,3,4:	
			Study Duration:	
			Received by:	
			Date:	

PROTOCOL SUMMARY SHEET

MMERC Protocol No.	Title
Principal Investigator	Sponsor
Rationale (Indicate page number/s)	
Objectives (Indicate page number/s)	
Study Design/Methodology (Indicate page number/s)	
Inclusion Criteria (Indicate page number/s)	
Exclusion Criteria (Indicate page number/s)	
Data Analysis (Indicate page number/s)	
Study Outcomes (Indicate page number/s)	