



PROTOCOL SUBMISSION CHECKLIST

To the Principal Investigator:

Please be advised that IEC receives complete proposal submission packages only between the 1st and the 15th day of each month to ensure consideration at the following month's meeting. The cut-off period will not be extended under any circumstance.

You are requested to obtain an electronic copy of this Form, fill-out the requested information, and make your submission both in electronic version and hard copy. Print in letter-sized paper with printer default set at A4.

I. MANDATORY COMPONENTS	Version/ Date	Remarks
<input type="checkbox"/> Cover Letter		
<input type="checkbox"/> Accomplished Submission Checklist (DLSMHSI-IEC FORM 2(A) V2-2019)		
<input type="checkbox"/> Review Application Form (DLSMHSI-IEC FORM 2(B) V1-2012)		
<input type="checkbox"/> Study Protocol (10 copies, complete with relevant documents)		
<input type="checkbox"/> Informed Consent Form (for studies involving human participants) <input type="checkbox"/> English version <input type="checkbox"/> Tagalog , and/or other Local Version(s) <i>N.B. Must have <u>Version No</u>, <u>Date</u>, <u>Page No</u>, in the footer</i>		
<input type="checkbox"/> Parent's Consent Form (for studies involving children/minors and relevant populations) <input type="checkbox"/> English version <input type="checkbox"/> Tagalog , and/or other Local Version(s) <i>N.B. Must have <u>Version No</u>, <u>Date</u>, <u>Page No</u>, in the footer</i>		
<input type="checkbox"/> Assent Form (from children cognitively capable of giving consent) <input type="checkbox"/> English version <input type="checkbox"/> Tagalog , and/or other Local Version(s) <i>N.B. Must have <u>Version No</u>, <u>Date</u>, <u>Page No</u>, in the footer</i>		
<input type="checkbox"/> Pharmacogenetic /Pharmacogenomic ICF (as needed by the study) <i>N.B. Must have <u>Version No</u>, <u>Date</u>, <u>Page No</u>, in the footer</i>		
<input type="checkbox"/> Data Collection Forms (specify)		
<input type="checkbox"/> Updated CV of PI and study team members (DLSMHSI-IEC FORM 2(D) V1-2012)		



<input type="checkbox"/> Proof of GCP Training in the last 3 years (<i>for those doing clinical studies</i>)		
<input type="checkbox"/> Ethical and/or Technical Approval from other Ethics/Technical Review Committee(s)		
<input type="checkbox"/> Institutional Endorsement (from the VC, Dean, or Medical Director)		
<input type="checkbox"/> Regulatory clearances (FDA approval for Phase I, II, IV clinical trials)		
<input type="checkbox"/> Electronic copy of : <input type="checkbox"/> Submission Checklist <input type="checkbox"/> Review Application Form <input type="checkbox"/> Study Protocol <input type="checkbox"/> Informed Consent Assessment Form (<i>for studies involving human participants</i>) <input type="checkbox"/> English version <input type="checkbox"/> Tagalog , and/or other Local Version(s) <input type="checkbox"/> Parent's Consent Form, Assent Form (<i>for studies involving children/minors and relevant populations</i>) <input type="checkbox"/> English version <input type="checkbox"/> Tagalog , and/or other Local Version(s) <input type="checkbox"/> Assent Form (<i>from children cognitively capable of giving consent</i>) <input type="checkbox"/> English version <input type="checkbox"/> Tagalog , and/or other Local Version(s) <input type="checkbox"/> Pharmacogenetics ICF		
II. OTHER REQUIRED DOCUMENTS (<i>depending on the particular study/project application being submitted</i>)		
<input type="checkbox"/> Investigator's Brochure (<i>for clinical trials phase I, II, III</i>); Basic Product Information Document (<i>for clinical trials phase IV</i>)		
<input type="checkbox"/> CRFs		
<input type="checkbox"/> Recruitment advertisements (<i>as needed by the study</i>)		
<input type="checkbox"/> Other information/ documents for participants (<i>such as diaries, etc., questionnaire</i>)		
<input type="checkbox"/> Site Resources Checklist (<i>for clinical Trials</i>)		
<input type="checkbox"/> Memorandum of Agreement (<i>for collaborative studies</i>)		
<input type="checkbox"/> Details of Funding Agency/Sponsor		
<input type="checkbox"/> Institutional Biosafety Committee Approval (<i>for studies involving hazardous biological materials</i>)		
<input type="checkbox"/> Material Transfer Agreement (<i>for studies involving transfer of biological specimens</i>)		
<input type="checkbox"/> National Commission for Indigenous People (NCIP) Clearance (<i>for studies with indigenous populations</i>)		



<input type="checkbox"/> Insurance/Indemnity Policy		
<input type="checkbox"/> Others (specify)		

I understand that this Application for IEC Review and Approval will NOT be accepted unless all necessary documents are submitted.

I declare the authenticity of the documents submitted with this Application.

Signature Over Printed Name of Principal Investigator

Date