



ANGELES UNIVERSITY FOUNDATION
INSTITUTIONAL ETHICS REVIEW COMMITTEE

APPLICATION FOR REVIEW

GENERAL INSTRUCTIONS:

Please accomplish seven copies of this application form and attach them to copies of the proposal to be submitted to the AUF IERC.

1. Reference number: _____
2. Name of Applicant/Organization/Institution: _____
3. Address/Contact numbers: _____
4. Project coordinator/Principal investigator:
Name: _____
Position: _____
Address: _____
Contact numbers (Tel /Fax no./Mobile no. / e mail): _____
5. Project title: _____
6. Type of Study (basic research, clinical trial (randomized, placebo, controlled, double blind), social research, epidemiology, survey, etc): _____
7. Expected Number of Participants: _____
8. Planned Start Date: _____
9. Project Abstract (not more than 250 words): _____

10. Ethical Concerns (Are there any ethical issues that can be foreseen in the implementation of the project?): _____
11. Date of Submission: _____
12. Received By: _____

Note: The IERC evaluation will normally require four weeks from receipt of the complete proposal from the proponent.

For further information, contact:

Name of Chairperson: _____
Angeles University Foundation Institutional Ethics Review Committee
AUF School of Medicine, Mc Arthur Highway Angeles City
Telephone number: 045-6252809
Email Address: aufierc@auf.edu.ph