



**ANGELES UNIVERSITY FOUNDATION
INSTITUTIONAL ETHICS REVIEW COMMITTEE**

QUERIES OR COMPLAINTS

REFERENCE NUMBER:		
STUDY PROTOCOL TITLE:		
APPROVAL DATE:		
PRINCIPAL INVESTIGATOR:		
Email:	Telephone:	Mobile:
STUDY SITE ADDRESS:		
DATE RECEIVED:		
RECEIVED BY:		
COMPLAINANT: 1.1. Name: 1.2. Address: 1.3. Telephone: 1.4. Mobile: 1.5. Email:		
NATURE OF COMPLAINTS		
RECOMMENDED ACTION: (For AUF IERC use only) <input type="checkbox"/> UPHOLD ORIGINAL APPROVAL WITH NO FURTHER ACTION <input type="checkbox"/> REQUEST INFORMATION: (specify) <input type="checkbox"/> RECOMMEND FURTHER ACTION: (specify)		
EVALUATOR Date:	Signature _____ Name	
AUF IERC SECRETARY Date:	Signature _____ Name	
AUF IERC CHAIR Date:	Signature _____ Name	

Conflict of Interest for Principal Investigator (AUF-Form-SOM-IERC-156)



ANGELES UNIVERSITY FOUNDATION INSTITUTIONAL ETHICS REVIEW COMMITTEE

CONFLICT OF INTEREST FOR PRINCIPAL INVESTIGATOR

I will disclose to the AUF- IERC any actual or potential conflict of interest that I may have in relation to any particular proposal submitted for review.

I understand that the AUF-IERC shall evaluate my study in the light of any declared conflict of interest as defined in the Standards and Operational Guidance for Ethical Review of Health Related Research with Human Participants WHO 2011 and International Ethical Guidelines for Biomedical research involving Human Subjects CIOMS 2002.

I understand that in the research context, investigators have conflict of interest if they stand to achieve personal gain (money or equivalent) by failing to discharge professional obligation either to protect the welfare of the participants or uphold the integrity of the scientific process. That conflict of interest may also arise in which the conditions of funding may introduce bias.

I agree that if a potentially serious conflict of interest cannot be adequately mitigated, the AUF-IERC shall not provide ethical clearance for the research project.

PRINCIPAL INVESTIGATOR Signature _____
Date: Name _____

SECRETARY	Signature _____
Date:	Name _____
CHAIR	Signature _____
Date:	Name _____

Contact Us

For inquiries and submissions kindly contact the AUF-IERC through email

Email: auf.ierc@auf.edu.ph

Telephone: 045 625-8888 loc 1727