**Research Form 7-** **Ethics Review Form**

**CHECKLIST A**

**Research Ethics Checklist for Studies involving Human Participants**

|  |  |
| --- | --- |
| **Researcher Details** | |
| Lead Researcher |  |
| Members |  |
| CCC email addresses |  |
| Program |  |
| Working Title |  |
| Semester(s) and academic year in which  research project is to be undertaken |  |
| Research Adviser |  |

Provide a brief description of the data collection procedure to be undertaken in the research:

|  |
| --- |
| The following should be attached to the checklist: |
| * A copy of the informed consent form to be used in the study. * A copy of the instrument/tool that will be administered to the participants. * If applicable, a copy of the letter seeking permission to collect data from participants who are under the supervision of an agency, institution, department, or office. * If applicable, a copy of the parental consent form for participants below 18 years old. |

***The following items refer to important ethical considerations in the conduct of research with human participants. Provide a check for the appropriate answer to each question.***

**\_\_\_\_\_\_ A. New Data will be collected from Human Participants** (if this applies, please accomplish Checklist B)

Please check all that apply.

\_\_\_\_\_ Experimental Procedures/Intervention/ Treatments

\_\_\_\_\_ Focus Group Discussions

\_\_\_\_\_ Personal Interviews

\_\_\_\_\_ Self-administered questionnaires

\_\_\_\_\_ Internet survey

\_\_\_\_\_ Observation

\_\_\_\_\_ Telephone survey

\_\_\_\_\_ Others, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ **B. Pre-existing data from human participants, i.e., from a dataset** (if this applies, please accomplish Checklist C)

**CHECKLIST B**

**For new data to be collected from human participants**

**Lead Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Working Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Sampling Details** | |
| Number of Participants/Subjects |  |
| Location where the participants  will be recruited/ where subjects  will be obtained? |  |
| How long will the data collection  take place? |  |
| Who will perform the data  collection? |  |
| Location(s) where data collection  will take place |  |
| What procedures will be  employed to ensure voluntary  consent from participants? |  |
| **Data Retention** | |
| How long will data with  participant identifiers be kept  after the publication of the first  paper from the project? |  |
| How long will anonymized data  be kept after the publication of  the first paper from the project? |  |
| **Procedure for Informed Consent** | |
| How will informed consent be  recorded?  (check all that applies) | **\_\_\_** Written Consent  \_\_\_ Audio-recorded Consent  \_\_\_ Online/Email recorded consent  \_\_\_ Others, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Answering YES to most of the items on the next page will signal an ethical issue that needs to be addressed. Some actions that will allow adherence to research ethical principles are provided with each item. The researcher is advised to refer to the CCC Research Ethics Policy for the appropriate procedures to ensure adherence to ethical principles in the conduct of research.***

Please put a check mark on the column that represents your answer. If applicable, write the issue/s found in the

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicators | Yes | No | NA | Issue |
| 1. Is there an assurance that this study has not been done before? |  |  |  |  |
| 2. Will the study improve existing conditions/practices or increase knowledge? |  |  |  |  |
| 3. Does the research have any implications for the reputation of the institution? |  |  |  |  |
| 4. Do the expected benefits of the research balance against the probable risks to participants? |  |  |  |  |
| 5. Will the participants benefit from the study? |  |  |  |  |
| 6. Will the participants be properly informed of the nature and proceedings of the study? |  |  |  |  |
| 7. Will the participants be assured that their participation is voluntary and that they can refuse or widraw at any time? |  |  |  |  |
| 8. Will the research involve prolonged or repetitive testing of participants? |  |  |  |  |
| 9. Will information/questionnaire be provided in language/dialect other than English? |  |  |  |  |
| 10. Will informed consent be obtained- either verbal or written? |  |  |  |  |
| 11. Does the research involve participants who are considered to be vulnerable or unable to give informed consent (e.g. children, people with learning disabilities, your own students)? |  |  |  |  |
| 12. Will the research involve discussion of sensitive topics (e.g sexual activity, drug use)? |  |  |  |  |
| 13. Will the research involve access to records of personal or confidential information concerning identifiable individuals, either living or recently deceased? |  |  |  |  |
| 14. Will personal information/data be kept in accordance with the Data Privacy Act? |  |  |  |  |
| 15.Will results be presented in a way that does not identify participants? |  |  |  |  |
| 16. Will participants receive feedbacks? |  |  |  |  |
| 17. Will the participants be given compensation for time or reimbursed for expenses incurred? |  |  |  |  |
| 18. Will the researchers secure data that require permission from the appropriate authorities before use? |  |  |  |  |
| 19. Will the researchers in a way protect the interest of the participants from any physical or emotional harm? |  |  |  |  |
| 20. Will the researchers be safe? |  |  |  |  |

**Declaration**

***I certify that I have read and understood the CCC Research Ethics Code and will abide by the ethical principles in this document. I will not commence with data collection until I receive an ethics review approval from the CCC Research and Innovation Biosafety and Bioethics Committee.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of the Lead Researcher Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of the Research Adviser Date**

**CHECKLIST C**

**For the use of pre-existed data collected from Human Participants**

**Lead Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Working Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Use of Pre-existing Data collected from Human Participants | |
| Indicate the dataset from which the data for the study  will be sourced |  |
| Is the data publicly available,  i.e., the access to which does  not necessitate an approval  process? | \_\_\_YES  Please indicate where the dataset is available |
| \_\_\_NO  Please indicate/attach the approval authority for access |
| Was the original dataset originally collected for the present study’s purpose? | \_\_\_YES  Please attach the Consent Form used in the original  study. |
| \_\_\_NO  Please attach the Information Collection Statement  (i.e., the statement given to informants providing them  with the rationale for the collection of specific  information). |
| Does the original data set contain sensitive data, that is information that an individual would not likely want to be disclosed publicly, e.g., data on sexual activities, substance use? | \_\_\_YES  Please describe the type of sensitive data to be used in the present research: |
| \_\_\_NO |
| Does the original dataset have personal identifiers? | \_\_\_ Yes, specifically:  \_\_\_\_\_\_ Direct (i.e., the participant provided  personal details like name and address)  \_\_\_\_\_ Indirect (i.e., the participant was given  a respondent code to make the participant  identifiable) |
| \_\_\_NO  (This means that neither the researcher nor the participant provided any personal identifiers) |
| Will new data be collected and analyzed along with data from the existing dataset? | \_\_\_YES |
| \_\_\_NO |

**Declaration**

***I certify that I have read and understood the CCC Research Ethics Code and will abide by the ethical principles in this document. I will not commence with data collection until I receive an ethics review approval from the CCC Research and Innovation Biosafety and Bioethics Committee.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of the Lead Researcher Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of the Research Adviser Date**

**Student Research Ethics Clearance**

|  |
| --- |
| Lead Researcher: |
| Members: |
| Program: |
| Duration of Study:  From: To: |
| Ethical considerations:  (Write the issues found based on the Research Ethics Checklists) |
| To the best of my knowledge, the ethical issues listed above have been addressed in the research.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Adviser  Date: |
| Noted by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of the Research Facilitator  Date: |

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCC OVPRI Biosafety and Bioethics Committee Head