**Changes or Revisions in Protocols Classified as Exempted**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UPMREB CODE:** | | | | | | | | | | | | | | |
| **STUDY PROTOCOL TITLE:** | | | | | | | | | | | | | | |
| **CERTIFICATE OF EXEMPTION ISSUANCE DATE:** <dd/mm/yyyy>  Reason, if no Certificate of Exemption:   * Panel requested for more information * Panel requested for protocol modifications * Panel requested to submit additional documents * Others: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Version and date of latest protocol assessed by UPMREB:** | | | | | | | | | | | | | | |
| **Version and date of latest ICF assessed by UPMREB, if applicable:** | | | | | | | | | | | | | | |
| **PRINCIPAL INVESTIGATOR:** | | | | | | | | | | | | | | |
| **Email:** | | **Telephone:** | | | | | | | | | **Mobile:** | | | |
| **STUDY SITE:** | | | | | | | | | | | | | | |
| **STUDY SITE ADDRESS:** | | | | | | | | | | | | | | |
| **SPONSOR:** | | | | | | | | | | | | | | |
| **SPONSOR CONTACT PERSON:** | | | | | | | | | | | | | | |
| **Email:** | | **Telephone:** | | | | | | | | | **Mobile:** | | | |
| **PHILIPPINE HEALTH RESEARCH REGISTRY (PHRR) ID** *(Registration in PHRR is required for all researches)***:** | | | | | | | | | | | | | | |
| Recommendations from last UPMREB Assessment (for protocols without certificates of exemption): | | | | | Indicate if the study protocol contains the specified assessment point | | | | Page and paragraph where it is found | | | (To be filled out by the Primary Reviewer)  Were the recommendations met (Yes/No)?  Explain |
| **YES** | **N/A** | | |  | | |
| 1. Address protocol-related issues:  1.1.  1.2.  2. Address ethical-related issues:  2.1.  2.2.  3. Address informed consent-related issues:  3.1.  3.2.  4. Changes that were not part of the UPMREB assessment:  4.1.  4.2. | | | | |  |  | | |  | | | 1.  1.1.  1.2.  2.  2.1.  2.2.  3.  3.1.  3.2.  4.  4.1.  4.2. |
| PI Signature: | | | | | | | | | | | | | |
| **To be filled out by the Primary Reviewer** | | | | | | | | | | | | | | |
| **CRITERIA FOR EXEMPTION** | | | | | Indicate if the assessment point applies to the study protocol | | | | | | | **REVIEWER COMMENTS** | | |
| 1. **PROTOCOL ASSESSMENT** | | | | | **YES** | | | | **NO** | | |  | | |
| * 1. Does this research involve human participants? | | | | |  | | | |  | | |  | | |
| * 1. Does this research involve use of non-identifiable human tissue/ biological samples? | | | | |  | | | |  | | |  | | |
| * 1. Does this research involve use of non-identifiable publicly available data?   *\*Protocols that neither involve human participants, nor identifiable human tissue, biological samples and data shall be exempted from review (NEGHHR 2017)* | | | | |  | | | |  | | |  | | |
| * 1. Does this research involve interaction with human participants? | | | | |  | | | |  | | |  | | |
| * 1. Type of research      1. Institutional quality assurance      2. Evaluation of public service program      3. Public health surveillance      4. Educational evaluation activities      5. Consumer acceptability test   *\*These 5 have been identified in the NEGHHR as exemptible, as long as it does not involve more than minimal risk.* | | | | |  | | | |  | | |  | | |
| * 1. What is/are the method/s of data collection *(please tick appropriate box)*      1. Surveys and/or questionnaire, Interviews, or observations of public behavior      2. Audio/video recordings of public behavior      3. Research which only uses existing data   *\*These have been identified in the NEGHHR as exemptible, as long as anonymity and/or confidentiality is maintained.* | | | | |  | | | |  | | |  | | |
| * 1. Will the collected data be anonymized or de-identified? | | | | |  | | | |  | | |  | | |
| * 1. Is there a data protection plan?   *Measures or guarantees to protect privacy and confidentiality of participant information and in compliance with the Data Privacy Act of 2012 as indicated by data collection methods including data protection plans including the steps to be taken so that all who have access to the data and the identities of the respondents can safeguard privacy and confidentiality (ex. providing adequate instructions to research assistants, transcribers, or translators) (NEGHHR 2017); Plan on processing personal data, storage of data, access, disposal, and terms of use (NEGHHR 2017; Data Privacy Act of 2012)* | | | | |  | | | |  | | |  | | |
| * 1. Is this research likely to involve any foreseeable risk of harm or discomfort to participants; above the level experienced in everyday life? (NEGHRR 2017)   *\*Please refer to section 2. Risk Assessment, prior to answering this item*  \**If YES, then this protocol does not qualify for exemption* | | | | |  | | | |  | | |  | | |
| 1. **RISK ASSESSMENT** | | | | | **YES** | | | | **N/A** | | |  | | |
| * 1. Does this research involve the following *(please select all that apply):* | | | | |  | | | |  | | |  | | |
| * + 1. Any vulnerable groups? | | | | |  | | | |  | | |  | | |
| * + 1. Sensitive topics that may make participants feel uncomfortable *(i.e. sexual behaviour, illegal activities, racial biases, etc.)* | | | | |  | | | |  | | |  | | |
| * + 1. Use of drugs | | | | |  | | | |  | | |  | | |
| * + 1. Invasive procedure (e.g. blood sampling) and specify | | | | |  | | | |  | | |  | | |
| * + 1. Physical stress/distress, discomfort | | | | |  | | | |  | | |  | | |
| * + 1. Psychological/mental stress/distress | | | | |  | | | |  | | |  | | |
| * + 1. Deception of/or withholding information from subjects | | | | |  | | | |  | | |  | | |
| * + 1. Access to data by individuals or organizations other than the investigators | | | | |  | | | |  | | |  | | |
| * + 1. Conflict of interest issues | | | | |  | | | |  | | |  | | |
| * + 1. Or any other ethical dilemmas | | | | |  | | | |  | | |  | | |
| * + 1. Is there any blood sampling involved in the study? | | | | |  | | | |  | | |  | | |
| RECOMMENDED ACTION: | | | | | | | | | | | | | | | |
| * QUALIFIED FOR EXEMPTION | | | | | | | | | | | | | | | |
| * NOT QUALIFIED FOR EXEMPTION | | | | | | | | | | | | | | | |
| SUMMARY OF RECOMMENDATIONS:  1.  2.  3.  4.  5. | | | | | | | | | | | | | | | |
| JUSTIFICATION FOR RECOMMENDED ACTION | | | | | | | | | | | | | | | |
| **PRIMARY REVIEWER** | | |  | Signature | | | |  | | | | | | | |
| Date: <dd/mm/yyyy> | | |  | Name | | | | <Title, Name, Surname> | | | | | | | |