NATIONAL INSTITUTES OF HEALTH
UNIVERSITY OF THE PHILIPPINES MANILA

RESEARCH PROJECT PROPOSAL FORM

ATTENTION:
1. The original form (with original signatures) should be submitted to the National Institutes of Health Ethics Review Committee with 15 additional copies.
2. All items must be filled-out (printed or typed) properly, otherwise it will not be accepted.

PART I. ADMINISTRATIVE INFORMATION

<table>
<tr><td>A. Research Project Title
(The distinctive name given to the project describing the work scope in specific, clear and concise terms)</td><td colspan="3"></td></tr>
<tr><td rowspan="2">B. Principal Investigator and Co-investigators
(Name of principal proponent and co-investigators, designation/ title and affiliate institution)</td><td>Name of Principal Proponent/ Co-investigators</td><td>Designation / Title</td><td>Institution Affiliation (if applicable)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>C. Proponent Institute / College
(Declaration of institutional endorsement)</td><td colspan="3">I confirm that I have read this application and that, if support is granted, the work will be accommodated and administered in the Department/Institution in accordance with the general conditions. I also confirm that the Principal Investigator has a full-time appointment in this institution.

Institute/College /Unit

Institute Director/Dean /Director
(Signature over printed Name)</td></tr>
<tr><td>D. Authorization and Acknowledgment of Review
(Administrative certification from the study site when the PI is not from UP Manila and the study site is outside UP Manila)</td><td colspan="3">This is to certify that the research site has no local Institutional Review Board/ Independent Ethics Committee (IRB/IEC) and that the research site authorizes and acknowledges the University of the Philippines-Manila National Institutes of Health – Institutional Review Board (UPM NIH-IRB), located in the National Capital Region (NCR) with address at the Ground Floor, NIH Building, 623 P.Gil St. Ermita, Manila, to perform the ethical review of the study entitled, “TITLE OF PROTOCOL”, in accordance with international ethical standards and national regulatory requirements, and oversee the conduct of the research study which includes progress monitoring, adverse even monitoring, and site visits.

On-site Administrative Authority
(Signature over printed name, indicate position)</td></tr>
</table>

E. Research Project Duration *(The length of time in which the specific project activities shall be accomplished)*		
F. Cooperating Agencies/ Research Links *(The agency/ies which is/are expected to cooperate/contribute to the research work. Collaboration with other scientist/s and research institutions or links with other research projects)*		
G. Research Classifications	***(Please put appropriate letter)***	
1. Type of Scientific and Technological Activities	_____	*(Note: If applying for ethical clearance **ONLY**, that is, without an application for NIH Grant, you may skip this section and move on to G.2)* a. RED – Research and Experimental Development b. STS - Scientific and Technological Services c. STET – Scientific and Technical Education and Training
2. Category of Research or Project	_____	*a.* Basic Research *(Acquiring new knowledge through experimental and theoretical work)* b. Applied Research (*Acquiring new knowledge with a specific application in mind, determining possible uses for basic research findings or determining new ways of achieving objectives*) c. Experimental Development Research *(Using existing knowledge to produce new materials, products, or devices; installing new processes, systems, and services; or improving current production of installation substantially)*
3. Purpose of Research	_____	a. Thesis b. Ph.D. Dissertation c. Postdoctoral work d. Independent work e. Others, please specify _____
4. Area of Interest	_____	a. Clinical b. Social Science c. Public Health d. Molecular Biology and Biotechnology e. Others, please specify _____

H. Summary of the Research Project 1. Objectives 2. Study Population 3. Inclusion/ Exclusion Criteria 4. Study Design 5. Sample Size 6. Diagram of procedures 7. Data Collection Tools 8. Data Analysis	*Please write a summary of the research project in the space provided below based on the components itemized on the left, and indicate where such components may be found in the full protocol. Attach the full protocol to this form.*
I. Ethical Considerations *(Required if the proposal involves research on human subjects, including collection of human blood or other human tissue samples. If data is to be stored in electronic databases, ensure that all steps to protect confidential data are properly followed; eg: Anonymization of patient data, removal of personal identifiers, security of databases ensured, etc.)*	(Please provide the following information) 1. Subject Profile: a. Who are the human subjects? b. How will they be recruited? c. What information will be given to them? d. What intervention will they be subjected to? 2. Include a consent form containing all prerequisites of informed consent written in the language of the subject using the informed consent checklist provided.
J. Declaration of Conflict of Interest *(Formal disclosure from investigator of information regarding funding, sponsors, institutional affiliations, etc)*	*Enumerate individual and institutional conflicts of interest such as funding in various forms and institutional affiliations relevant to this application*

PART II. RESEARCH PROJECT WORKPLAN SCHEDULE (Project year _____)

ACTIVITIES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

PART III. RESEARCH PROJECT WORKPLAN OUTPUT (Project year _____)

FIRST QUARTER	SECOND QUARTER
THIRD QUARTER	**FOURTH QUARTER**

PART IV. BUDGET BREAKDOWN *(NOTE: This section should be filled out if applying for funding under the NIH Research Grant. Please indicate other source/s of funding, if applicable)*

(For projects of 1-year duration or less AND 1st/ _____ year of multi-year duration)

Program/Project	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
Personal Services					
Salaries					
Honoraria					
MOOE					
Travel Expenses					
Supplies and Materials					
Sundry					
Laboratory Exams					
Equipment Outlay					
TOTAL					

Other sources					
TOTAL					
GRAND TOTAL					

(For projects of more than 1-year duration)

Program/Project	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
Personal Services					
Salaries					
Honoraria					
MOOE					
Travel Expenses					
Supplies and Materials					
Sundry					
Laboratory Exams					
Equipment Outlay					
TOTAL					

Other sources					
TOTAL					
GRAND TOTAL					

DETAILED FINANCIAL REQUIREMENTS:

ITEM	BASIS	QUANTITY	UNIT	RATE/UNIT PRICE	AMOUNT
Personal Services	PI				
	Co-I				
	RAs				
	Sub-total				
MOOE	1st release				
	2nd release				
	3rd release				
	Sub-total				
	TOTAL				

PART V. APPENDICES (If applicable please include the following)

1. Informed Consent Form
2. Patient / Case Report Forms
3. Flow Chart of Activities
4. Questionnaires

PART VI. BIBLIOGRAPHY (this section may be expanded as needed)

1.
2.
3.
4.

PART VII. CURRICULUM VITAE OF PRINCIPAL INVESTIGATOR AND CO-INVESTIGATORS
(*1 page maximum for each)*

1. Name **College/Institute** **Contact Numbers** **Email Address**
2. Degree(s) *Subjects, university or school, year*
3. Training *Certifications of successful completion of protocol-related training, research ethics training, and Good Clinical Practice (GCP) training, as applicable*
4. Present Posts / Positions held *Type of post, institution/faculty/ department, dates*
5. Recent Publications *List only the five (5) most important publications or papers most relevant to this proposal over the last 5 years (papers in press or submitted or publication are also acceptable). Please give full bibliographic references (author/s, title, journal, volume, page numbers, years). If applicable, please attach copies of papers in press or submitted if these contain background material relevant to this proposal.*
6. Concurrent Projects *Enumerate all on-going projects and projects that will commence within the next three months. Indicate project involvement (PI, Co-I, Sub-I, Consultant, etc.), start dates, and expected completion dates.*

Signature: _____ **Date:** _____