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| Logo, company name  Description automatically generatedAteneo de Zamboanga University | **RESEARCH ETHICS COMMITTEE** |
| **INFORMED CONSENT EVALUATION** **WORKSHEET** | REC Form No. |  |
| Version No. |  |
| Date of Effectivity | October 1, 2022 |

|  |  |
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| Title of Study |  |
| REC Code  |  | Type of Review |  |
| Proponent |  | Institution |  |
| Reviewer |  | Primary reviewer |  [ ]  Yes [ ]  No |
| **Guide questions for reviewing the informed consent process and form** |
| Is it necessary to seek the informed consent of the participants?  [ ]  Unable to Assess [ ]  Yes [ ]  NoIf NO, please explain. |
| If YES, are the participants provided with sufficient information regarding: |  |
| * Purpose of the study?
 | [ ]  Yes [ ] No |
| * Expected duration of participation?
 | [ ]  Yes [ ] No |
| * Procedures to be carried out?
 | [ ] Yes [ ] No |
| * Discomforts and inconveniences?
 | [ ]  Yes [ ]  No |
| * Risks (including possible discrimination)?
 | [ ]  Yes [ ]  No |
| * Random assignment to the trial treatments?
 | [ ]  Not applicable [ ]  Yes [ ]  No |
| * Benefits to the participants?
 | [ ]  Yes [ ]  No |
| * Alternative treatments/ procedures?
 | [ ]  Not applicable [ ]  Yes [ ]  No |
| * Compensation and/or medical treatments in case of injury?
 | [ ]  Yes [ ]  No |
| * Who to contact for pertinent questions and / or for assistance in a research- related injury?
 | [ ]  Yes [ ]  No |
| * Refusal to participate or discontinuance at any time will involve penalty or loss of benefits to which the subject is entitled?
 | [ ]  Yes [ ]  No |
| * Extent of confidentiality?
 | [ ]  Yes [ ]  No |
| Is the informed consent written or presented in simple [ ]  Yes [ ]  No language that participants can understand?  |
| Does the protocol include an adequate process for  [ ]  Yes [ ]  Noensuring that consent is voluntary?  |
| Do you have any other concerns?  |

**Recommendation:**  [ ]  **Approved**

 [ ]  **Minor revisions required**

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 [ ]  **Major revisions required**

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 [ ]  **Disapproved**

 **Reasons for disapproval:**

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 **Name and Signature of Reviewer Review Date**