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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  No  If 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  No  ensuring 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**