APPLICATION FORM FOR PROTOCOL REVIEW

CGHMC RERB Protocol Number		Sponsor Protocol No:	
Submission Date			
Protocol Title:			
Principal Investigator			
Contact details:	☏:		
	Mobile:		
	Fax:		
	Email address:		
Sponsor:			
PI Conflict of Interest/ Declaration (Relationship with Sponsor)	Are you a regular employee of the sponsor? ☐ Yes ☐ No		
	Did you do consultancy or part time work for the sponsor? ☐ Yes ☐ No		
	In the past year, did you receive P250,000 or more from the sponsor? ☐ Yes ☐ No		
	Other ties with the sponsor		
By signing the application form, I undertake to address my competing interests, uphold scientific integrity, respect and protect human subjects during the conduct of my research in this institution.			
PI Signature:			