中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL
AND MEDICAL CENTER
EXCEPTIONAL CARE WITHIN REACH

Department of Medical Education and Research
RESEARCH ETHICS REVIEW BOARD (RERB)
Contact#: 8711-4141 local 418 and 481
Email Address: rerb@cghmc.com.ph

APPLICATION FORM FOR PROTOCOL REVEW (CASE REPORT)

CGHMC RERB Protocol Number		**Sponsor Protocol No.**	
Submission Date			
Protocol Title: Case Report			
Rationale/Objective			
Brief Background of the Case			
Principal Investigators			
Co-Investigator			
Contact Details	Mobile Number:		
	Email Address:		
Sponsors:			
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.			
Principal Investigators Signature			

TO BE FILLED BY THE REVIEWER

RERB FINAL ACTION: ☐ Approved ☐Major Revision ☐ Minor Revision ☐ Disapproved ☐ Others:_____	TYPE OF REVIEW: ☐EXPEDITE ☐FULL BOARD

Name of RERB Reviewer	Signature	Date (dd/mm/yyyy)