	AMYA POLYTECHNIC COLLEGE, INC. **RESEARCH ETHICS COMMITTEE (REC)**		
	PROTOCOL REVIEWER WORKSHEET (FOR STEM CELL RESEARCH)	REC Form No.	
		Date of Effectivity	
		Version No.	1
		Version Date	02/12/26

Title of the Study			
REC Code		Type of Review	
Proponent			
Name of Reviewer		Primary Reviewer	____ yes ____ no

GUIDE QUESTIONS

Is there a separate document for patient information and informed consent? _____ yes _____ no

Comment:

Is the participant/patient provided with sufficient information

with regard to each of the following items?

- Purpose of the study _____yes _____ no
- Unproven and experimental aspects of cell-based intervention _____yes _____ no
- Clarification of therapeutic misconception _____yes _____ no
- Expected duration of participation _____yes _____ no
- Permanency of stem cell therapy _____ yes _____ no
- Discomforts and inconveniences _____ yes _____ no
- Alternative care _____ yes _____ no
- Risks (nature and likelihood) _____ yes _____ no
- Benefits (nature and likelihood) _____ yes _____ no
- Confidentiality / Protection of Privacy _____ yes _____ no
- Voluntary withdrawal _____ yes _____no
- Financial arrangements _____ yes _____no
- Compensation _____ yes _____ no
- Provision of standard of care _____ yes _____no
- Contact information of person/s in-charge _____yes _____no

Comments:

Recommendation: ☐ Approved

☐ Minor revision/s required

_____

_____

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☐ Major revision/s required

_____

_____

☐ Disapproved

Reasons for disapproval:

_____

_____

_____

_____ _____

Name and Signature of Reviewer Review Date