

Application Form for Clinical Research

1. Researcher's information:

Name:	.....
Affiliation:	.....
Faculty:	.....
Department:	.....
Address:	.....
Mobile Number:	.....
Email:	.....

2. Co-investigators' information:

Co-Investigators				
1	Name	.....	
	Faculty:	.....	Department:	.....
	Mobile Number:	.....	Email:	.....
2	Name	.....	
	Faculty:	.....	Department:	.....
	Mobile Number:	.....	Email:	.....
3	Name	.....	
	Faculty:	.....	Department:	.....
	Mobile Number:	.....	Email:	.....

3. Research protocol information:

Title:	..... ..... .....
This protocol is for:	<input type="checkbox"/> Student's project <input type="checkbox"/> M.Sc <input type="checkbox"/> Ph.D. <input type="checkbox"/> Scientific research
Is the protocol currently funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Research participants:

Age	<input type="checkbox"/> Children (< 18 years)	<input type="checkbox"/> Adults (>18 years)
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Vulnerable groups: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		

4. Study procedures: check all that apply.

- Drug trial Blood sampling Surgical procedures
- Tissue sampling Invasive techniques Review of records
- Other, please specify:

5. Study design: *check all that apply*

- Interventional Observational Prospective Retrospective
 Controlled Not controlled Open label Cross over
 Other, please specify:

6. Study type: *check all that apply.*

Study phase	<input type="checkbox"/> Phase I	<input type="checkbox"/> Phase II	<input type="checkbox"/> Phase III	<input type="checkbox"/> Phase IV
Randomized	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Placebo	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Genetic sampling	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If other, please specify:				

7. Informed consent form:

- Attached with the protocol: Yes No
 - Request is being made to waive informed consent: Yes No
 If yes, *please specify:*
 - Privacy and confidentiality of subjects are assured: Yes No

8. What are the level of risk of this study?

- Minimal risk
 Above minimal risk Explain.....
 High risk Explain.....

9. The research is for the good of society?

- Yes No

Explain,

10. All research facilities are available?

- Yes No

Explain,

I declare that the clinical part of this submitted research protocol has not been carried or published yet.

I declare that I will not change any step of the research plan, except after informing the ethics committee via a written form and acquiring their permit.

Signature of researcher:

Signature of co-investigators/ supervisors:

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