Print Form

Research Ethics Committee

Liaquat University of Medical & Health Sciences, Jamshoro

APPLICATION FORM

- ***Please fill the application form completely and attach all documents enlisted below.***
- ***Incompletely filled form will not be accepted.***
- ***Please attach a separate sheet where necessary.***

Name of Principal Investigator: _____

Designation: _____

Department: _____

Contact No.: _____ Email ID: _____

Documents Attached (Please tick):

- ☐ ERC Application form (One Copy)
- ☐ Research Protocol (One Copy)
- ☐ A copy of Drug Brochure or any supplementary information enclosed (if applicable).
- ☐ Informed consent, in the language in which it is intended to be administered, along with an English translation.
- ☐ Questionnaire being administrated during the study (if applicable)

_____
Signature Principal Investigator

Date: _____

_____
Signature of Supervisor

_____
Signature of Enrolled Postgraduate

1. Title of Proposed Study:

Principal Investigator:	
(Name, Designation, Department, Institution)	
Co-Investigator 1:	
(Name, Designation, Department, Institution)	
Co-Investigator 2:	
(Name, Designation, Department, Institution)	
Co-Investigator 3:	
(Name, Designation, Department, Institution)	
Co-Investigator 4:	
(Name, Designation, Department, Institution)	

2. Project involves the use of:
(Check relevant boxes)

a) ☐ Experimental drug(s)
b) ☐ Radioactive agent(s)
c) ☐ Non-therapeutic research
d) ☐ Non-approved use or non-approved dose for approve drugs
e) ☐ Experimental innovative or new surgical procedures
f) ☐ Fetal Research
g) ☐ Behavioral research
h) ☐ Stem cell research / somatic cell nuclear transfer (cloning)
i) ☐ Observation only
j) ☐ Other (Please specify)

3. Please provide details in case a, d, e, h or i are checked.

4. What is the purpose of your study?

5. Enumerate the objectives of your study:

6. Briefly describe the Methodology of the study:

a) Setting:

b) Study Design:

c) Sampling Technique:

d) Data Collection:

e) Expected Time of Study:

f) Inclusion Criteria:

g) Exclusion Criteria:

7. Subject Information:

a) Group: ☐ Patients ☐ Students ☐ Others

b) Scrutiny of records: ☐ Yes ☐ No

c) Gender: ☐ Male ☐ Female ☐ Both

d) Age Range: _____

e) If subjects are children, pregnant women, mentally handicapped persons, prisoners or if it includes foetal research, please provide justification for the need to use these particular subjects

8. Will you be providing any compensation to the research subjects?

Monetary: No ☐ Yes ☐ Amount _____

Other: No ☐ Yes ☐ Specify _____

Reimbursement of Expenses: No ☐

Yes ☐

_____

9. Will you be providing any compensation to the co-investigators?

☐ Monetary ☐ Travel ☐ Gifts Other (Please specify): _____

10. Name of the funding Agency (if any):

11. Describe possible adverse outcomes/risks that may affect the subjects?

12. What is the provision for managing any adverse outcomes as a result of this research?

13. Who will pay for these adverse outcomes?

14. In case research subjects are patients, will any additional study-related tests be performed which are not routinely required as part of the workup for the patient?

☐ Yes, ☐ No

Specify (if marked yes) _____

15. Who will pay for these additional tests?

16. What are actual potential benefits, if any, to be obtained as a result of this study by:

a) Participants

b) Society

c) Funding agency or sponsors.

17. How will you ensure confidentiality of your subjects?

18. Will the study findings be shared with?

a) Study subjects ☐ Yes ☐ No

b) Community at large ☐ Yes ☐ No

19. Please point out any Ethical Issues involved in the study

Declaration Statement

I, _____, am the principal investigator of theresearch proposal titled

“_____

_____”

declared that I have neither started the data collection for this study nor planned to do so until I receive approval from Research Ethics Committee, LUMHS.

Signature of Principal Investigator

Name:

Discipline / Designation:Department:

Date: _____