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| APPLICATION FORM |

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**INSTITUTIONAL ETHICAL COMMITTEE (IEC)**

**Aziz Fatimah Medical & Dental College**

**Faisalabad**

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| **Secretariat Institutional Ethical Committee**  **Aziz Fatimah Medical & Dental College**  **West Canal Rold, Old Ghafoor Bashir Children Hospital Building, Faisalabad**  **Tel No. 0418752931-5, Fax : 0418756031**  **E-mail: chairperson.iec@afmdc.edu.pk Web:** [**www.afmdc.com.pk**](http://www.afmdc.com.pk) |

**RESEARCH PROPOSAL INFORMATION**

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| 1. | **Title of the study:** | |  | | |
| 2. | **Details of Principal Investigator:** | | |  | |
|  | Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Designation: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Department: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Contact No: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Email: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator | | |
| 3. | Details of the co-investigator(s) if any: | | | |  |
| **Name** | | **Designation** | | **Institutional Address** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please attach curriculum Vitae (CV) of all the investigators with relevant publications (if any) in last 5 years. | | | | | |
| 4. | **Details of Research Supervisor (if any):** | | |  | |
|  | Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Designation: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Department: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Research Supervisor | | |

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| 5. | **Details of Head of Department:** | |  |
|  | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Designation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Head Of Department | |

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| 6. | Proposed research study involves the use of:  (Please fill the box with black color if macros does not work, as appropriate) | | | | | | | | | |  | | | | |
|  |  | | Experimental Drug(s) | | |  | | Non-therapeutic research | | | | | | | |
|  |  | | Radioactive agents | | |  | | Experimental Surgical procedure | | | | | | | |
|  |  | | Behavioral research | | |  | | Community research | | | | | | | |
|  |  | | Others (please specify): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 7. | Do your research study involve following subjects:  (Please fill the box with black color if macros does not work, as appropriate) | | | | | | | |  | | | **Yes** | |  | **No** |
|  |  | Pregnant women | |  | | | Children | | |  | | | Elderly | | |
|  |  | Illiterate | |  | | | Fetus | | |  | | | Handicapped | | |
|  |  | Terminally ill | |  | | | Poor | | |  | | | Mentally challenged | | |
| 8. | Duration of the study: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 9. | Information about the sponsor(s) N/A | | | | | | | | | | | | | | |
|  | Name & Address | | | |  | | | | | | | | | | |
|  | Amount Demanded/approved\* | | | |  | | | | | | | | | | |
|  | Amount PI will receive (p/m) | | | |  | | | | | | | | | | |
|  | Incentive for the participants: | | | |  | | | | | | | | | | |
|  | \*Detailed budget must also be attached with the application in case of any sponsorship. | | | | | | | | | | | | | | |
| 10. | Is there any diagnostic test (s), part of your research studies, which are not routinely done in the laboratory? If “Yes”, please give detail. Please also mention who will bear the expenses. | | | | | | | | | | | | | | |
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| 11. | How participants will benefit from this research? | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 12. | How the institution will benefit from this research? | | | | | | | | | | | | | | |
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| 13. | What are the risks/adverse effects possible to the research? | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 14. | If adverse events happen, who would be responsible for managing them? Please give contact detail. | | | | | | | | | | | | | | |
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