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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 Road, Old Ghafoor Bashir Children Hospital Building, Faisalabad**  **Tel No. 0418752931-5, Fax: 0418756031**  **E-mail: med.director@afh.com.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. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 11. | How will participants benefit from this research? | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 12. | How will the institution benefit from this research? | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 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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**Ethical consideration**

Informed written consent shall be taken from the participants (Specimen available on AFMDC website)

Identity of participants shall be kept confidential.

History and physical examination findings shall be recorded on the proforma approved by the ethical committee.

Care shall be taken in drawing the samples and only qualified personnel at lab shall draw the sample.

Any adverse effect/complication during research/trial shall be reported immediately to IEC.