



## 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.*
- Note: The PI will be the supervisor of the enrolled postgraduate for the submission of the synopsis.*

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:

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

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 approved 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.

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**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  
 Female  Both

c) Gender:  Male

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 the research 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:

Signature of enrolled postgraduate

Date: \_\_\_\_\_