



# Ethical Review Committee

Liaquat University of Medical & Health Sciences, Jamshoro

## A P P L I C A T I O N F O R M

- ◆ Please fill the application form completely and attach all documents enlisted below.
- ◆ Incompletely filled form will not be accepted.

Name of Principal Investigator: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Contact # : Cell: \_\_\_\_\_ Res: \_\_\_\_\_ Office: \_\_\_\_\_

*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*

**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?**

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**5. Enumerate the objectives of your study:**

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**6. Briefly describe the Methodology of the study:**

a) Setting: \_\_\_\_\_

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b) Study Design: \_\_\_\_\_

c) Sampling Technique: \_\_\_\_\_

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d) Data Collection: \_\_\_\_\_

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e) Expected Time of Study: \_\_\_\_\_

f) Inclusion Criteria: \_\_\_\_\_

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g) Exclusion Criteria: \_\_\_\_\_

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**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  Type & amount \_\_\_\_\_

**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 testes 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?**

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

a) Participants

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b) Society

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c) Funding agency or sponsors.

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**17. How will you ensure confidentiality of your subjects?**

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**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**

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