# kkuResearch Ethical Committee

# Application Form

**Name of Principal Investigator: Last Name , First Name**

**Position:** Click here to enter text.

**Department:** Click here to enter text.

**Institution:** Click here to enter text.

**Phone number (office):** Telephone No. **Mobile:** Mobile No.

**Fax number:** Fax Number **E- mail:** E-mail Address

**Title of Project:** **Title**

**Co-investigators (please provide name, title and affiliation)**

1. **Name:** Click here to enter text.

**Title:** Click here to enter text.

**Affiliation:** Click here to enter text.

* **Note: Use separate list to add other names of co-investigators.**

**Is the research project funded? YES** **[ ]  NO** **[ ]**

**Research Funding Agency:** Click here to enter text.

**Type of research (check all that apply):**

**Cells** **[ ]  Prospective** **[ ]  Blood sampling** **[ ]**

**Tissues** **[ ]  Retrospective** **[ ]  Drug trial** **[ ]**

**Animals** **[ ]  Records review** **[ ]  Device study** **[ ]**

**Humans** **[ ]  Questionnaire** **[ ]  Surgical technique** **[ ]**

**Others (please specify):** Click here to enter text.

**Research location and duration:**

|  |  |
| --- | --- |
| **Place of the study** | Click here to enter text. |
| **Study population** | Click here to enter text. |
| **Expected starting date** | Click here to enter text. |
| **Approximate duration** | Click here to enter text. |

**Research Summary** (Maximum 200 words)

Please outline, in terms that any non-expert would understand, what your research project is about. Please explain any technical terms or discipline-specific phrases.

**Research Methodology** (Maximum 300 words)

If using animals, please outline, the number, type and dosage of anaesthesia, disposal technique

**PARTICIPANTS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| **Do participants fall into any of the following special groups?** | **Minors (under 18 years of age)** | **[ ]**  | **[ ]**  | **[ ]**  |
| **People with learning or communication difficulties** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Patients** | **[ ]**  | **[ ]**  | **[ ]**  |
| **People in custody** | **[ ]**  | **[ ]**  | **[ ]**  |
| **People engaged in illegal activities (e.g. drug-taking)** | **[ ]**  | **[ ]**  | **[ ]**  |

**SAMPLE DETAILS:**

|  |  |
| --- | --- |
| **Sample size** | Click here to enter text. |
| **Where will participants be recruited from?** | Click here to enter text. |
| **Inclusion Criteria** | Click here to enter text. |
| **Exclusion Criteria** | Click here to enter text. |
| **Will participants be remunerated? YES** **[ ]  NO** **[ ]** **If YES, in what form?** Click here to enter text. |

**Justification for proposed sample size and for selecting a specific gender, age, or any other group if this is done in your research.**

**RISKS TO PARTICIPANTS:**

a) Please describe any risks to participants that may arise due to the research. Detail the measures and considerations you have put in place to minimize these risks

 Click here to enter text.

b) Will you communicate to participants about any identified risks? Will any information be withheld from them about the research purpose or procedure? If so, please justify this decision.

 Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| **Will you obtain consent for participation?** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Will you describe the main experimental procedures to participants in advance?** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Will you inform the participants that their participation is voluntary and may be withdrawn at any point?** | **[ ]**  | **[ ]**  | **[ ]**  |
| **If the research is observational, will you ask for their consent to being observed?** | **[ ]**  | **[ ]**  | **[ ]**  |
| **With questionnaires, will you give participants the option of omitting questions they do not want to answer?** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Will the data be anonymous?** | **[ ]**  | **[ ]**  | **[ ]**  |

Please use the attached consent form as a guide.

**State what kind of feedback, if any, will be offered to participants.**

Click here to enter text.

**Is the research project multi-centre? YES** **[ ]  NO** **[ ]**

If yes, please provide the other ethical approval: Click here to enter text.

**List the potential direct benefits to the subjects or to the society.**

Click here to enter text.

**Are there any conflicts of interest regarding the research project? YES** **[ ]  NO** **[ ]**

If **YES**, please specify: Click here to enter text.

**If a new drug, surgical technique, instruments are applied to patients, would you please give a detailed answer for the following questions *providing recent references for each question*:**

**What is the current protocol for the specific condition?** Click here to enter text.

**What is the problem with the current protocol?** Click here to enter text.

**What is the expected advantage of the new protocol?** Click here to enter text.

**What is the proposed mechanism of action of the new protocol?** Click here to enter text.

**Is there is any known complications for the new protocol?** Click here to enter text.

**Is the new protocol has been used in any medical centers in the world?** Click here to enter text.

**What kind of compensation will be offered to patients in case of complications?** Click here to enter text.

**What is the reliable follow up period after the new protocol have been applied?** Click here to enter text.

**What is the source of financial and logistic support?** Click here to enter text.