KINNAIRD COLLEGE FOR WOMEN

APPLICATION FORM
For
(Approval from Ethical Review Committee)

Checklist

This checklist is prepared in order to facilitate an investigator in preparing a complete application and to help Research Ethical Committee for expedited review.

PRINCIPAL INVESTIGATOR'S NAME: _____

DESIGNATION: _____

DEPARTMENT: _____

☐ One copy of ERC Application form with checklist

☐ One copy of Theses/ Research Report/ Synopsis in standard format

☐ One copy of informed consent in English and Urdu or any other local language of the population study.

☐ One copy of Questionnaire in English and Urdu administered during the study (if applicable).

☐ Please make a copy of this entire application for your files.

☐ I have submitted the application form, research protocol and informed consent with Urdu translation by e-mail.

_____ _____
Signature: Principal Investigator Date

_____ _____
Signatures of other Researchers involved Date
In study

_____ _____
Signature of Chairman of the Department Date

KINNAIRD COLLEGE FOR WOMEN

Introductory Questionnaire

Title of Research: _____

Principal Investigator and Co-Workers:

NAME	DESIGNATION	DEPARTMENT	SIGNATURE
NAME	DESIGNATION	DEPARTMENT	SIGNATURE
NAME	DESIGNATION	DEPARTMENT	SIGNATURE
NAME	DESIGNATION	DEPARTMENT	SIGNATURE

Q 1. What is the purpose of the study? (Please give a brief background of the study)

Q 2. The objectives of the study

Q3. Brief description of methods used in Research Report

Q 4. What are actual potential benefits if any, to be obtained?

a) By participants.

b) By society as a result of this study?

c) Please specify benefit of the study to Kinnaird College for Women.

Q 5. How will confidentiality of the subjects be ensured?

Q 6. Any other information relevant to the study in context to Pakistan?

Q 7. Has this study been conducted elsewhere earlier? If yes where? Please give references

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Sample Informed Consent

This is a generic sample form to help you address most situations. Please adapt it for your research.

Project Information	
Project/Research Title:	ERC Ref No:
Principal Investigator:	Sponsor (if any):
Location:	Phone:
Other Investigators:	Email ID of PI
Location	Phone of PI:

Consent document must be clearly written and understandable to subjects. The language must be nontechnical (comparable to the language in a newspapers or general circulation magazine), and scientific, technical or medical terms must be plainly defined.
Informed Consent, whether oral or written, may not include language that appears to waive subjects' legal rights or appears to release the investigators or anyone else from liability for negligence.

1. PURPOSE OF THIS RESEARCH STUDY

- Include 3-5 sentences written in nontechnical language. "You are being asked to participate in a research study designed to..."

2. PROCEDURES

- Describe procedures: "You will be asked to do..."
- Identify any procedures that are experimental/investigational/non-therapeutic.
- Define expected duration of subject's participation.
- Indicate type and frequency of monitoring during and after the study.

  During the study that may affect your willingness to continue participation will be communicated to you."
- If applicable, state that a particular treatment or procedure may involve risks that are currently unforeseeable (to the subject, embryo or fetus, for example.)

3 POSSIBLE BENEFITS

- Describe any benefits to the subject that may be reasonably expected. If the research is not of direct benefit to the participant, explain possible benefits to others.

4 CONFIDENTIALITY

- Describe the extent to which confidentiality of records identifying the subject will be maintained.

"Your identity in this study will be treated as confidential. The results of the study, including laboratory or any other data, may be published for scientific purposes but will not give your name or include any identifiable references to you."

5 AUTHORIZATION

I have read and understood the consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws.

Principal Investigator Signature:
Date:

Names of other researchers:
Date:

Signature of Person Obtaining Consent:
Date:

COMMENTS BY ERC

Approved	
Revision Required	
Not Approved	

Additional Comments (if any)

Signature
Chairperson Ethical Review Committee
Date: