

ETHICAL REVIEW COMMITTEE

APPLICATION FORM

(Adapted with permission from the Aga Khan University ERC application form)

CHECKLIST

This checklist was prepared in order to aid investigation in preparing a complete application and to help expedite review by the Ethical Review Committee. Your cooperation in completing it will be greatly appreciated.

PRINCIPAL INVESTIGATOR'S NAME:	
DESIGNATION:	
DESIGN (HON.	
DEPARTMENT:	
 One copy of research protocol Copy of drug brochure or any supplementary inf One copy of informed consent both in English ar language of the population study. One copy of Questionnaire being administered of I have made a copy of this entire application for 	nd Urdu or any other local during the study (if applicable).
Signature: Principal Investigator	Date



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INTRODUCTORY QUESTIONNAIRE

(Kindly type or print)
Add more sheets for additional space wherever needed

Title of protocol:		
Principal Investigator and Co-Investigat	tors:	
NAME	DESIGNATION	DEPARTMENT
1. Project involves the use of Check all pertinent ones a) Experimental drug(s) b) Radioactive agents c) Non-therapeutic research d) Non-approved use or non-approved dose for approved drugs e) Experimental surgical procedures f) Fetal research g) Behavioral research h) Gene molecular cloning i) Other (please specify): Please provide details in case a or d is checked		
2. What is the purpose of the study?		
3. Enumerate the objectives of the stud	IV	
4. Description of methods used in proto	ocol.	

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5.	a. Expected duration of the study period to be completed. b. Expected duration of study on each individual subject. What is the d/f time line?
/ C!	le is at information. Due format with a least four state its
	bject information. Proforma attached for details
a)	Group: U Cother Records: Name, age, duration of diseases, complication etc.
b)	Age range:
D)	Age range.
c) d) resec	Sex: Male Female Both If subjects are children, pregnant women, mentally handicapped, or prisoners, or if it includes foetal arch, give brief explanation of need to use these particular individuals.
7. Cri	iteria for inclusion and exclusion patients and controls (type separate).
8 Cc	ompensation:
a)	To research subject:
ω ₁	Monetary:
	Other:
	Reimbursement of expenses:
b)	To Investigators:
- /	If yes, then:
	☐ Monetary: ☐ Travel: ☐ Gifts: Amount:
	Other Specify:
9.	(a) What are the adverse effects expected to the subjects involved in the investigation during the study and (b) what is the provision for managing these effects? (c) Who will pay for them?
10. W	hat are actual potential benefits if any, to be obtained by participants or society as a result of this study?
11 17	ocation of study:
II. L	\square Outpatients clinics \square Inpatient units \square ZMU Department:
	Other than ZMU (please specify the location) Other hospitals and dental clinics within the boundaries o
	Karachi metropolis.
12. Lo	aboratory studies:
	a) Will any tests be performed which are not routinely included as part of the work-up for these types of
	patients?
	b) Who or what agency will pay for these tests?
13. D	iscuss ETHICAL ISSUES involved in the study.
14. A	ny other information relevant to the study in context to Pakistan?
15. H	as this study been conducted elsewhere earlier?