

APPENDIX B



COLLEGE OF HEALTH SCIENCES ETHICS AND RESEARCH COMMITTEE

APPLICATION FORM FOR ETHICAL CLEARANCE

INSTRUCTIONS ON HOW TO COMPLETE THE FORM

Background: Original scientific studies and basic literature information on the subject in recent years will be written here.

Aim: The purpose of the study and the innovation it will bring will be written here.

Subjects: Information about the associations to be included in the study will be entered here. Number, gender, patient, control etc.

Method: The clinical or laboratory methods to be applied will be written here.

Statistics: Statistical methods to be used in the study will be written here.

Time frame of the research: The details of the work schedule will be written here. Which activities will be done in which date range?

Budget: It will be written here in detail and documented from where the budget of the study will be met.

Please complete this form and attach the manuscript along with other required documents

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| Names, affiliations, and e-mail addresses of researchers: |
| Title of research: |
| Where will the research be conducted? |
| Background: |
| Aim and objectives: |
| Subjects: |
| If human subjects are involved tick options that apply a) Yes, Is it a clinical trial? b) No, it is not a clinical trial c) Does the principal researcher and co-investigators have valid certification for ethics from CTITI, TRREE, or other accredited certifying body? (If, yes, please attach copies. If no, please resubmit |

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| with the relevant certifications) |
| Method: |
| Statistical analysis: |
| Time frame of the research: |
| Budget of the research: |
| Sources of Funding: |
| Declaration of conflict of interest: |
| Signature of applicant: |
| Date: |