

ZIAUDDIN UNIVERSITY

ETHICAL REVIEW COMMITTEE

ERC Application Form for Exemption of Studies from Ethics
Review

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: _____

DEPARTMENT: _____

- One copy of research protocol
- Copy of drug brochure or any supplementary information enclosed (if applicable)?
- One copy of Questionnaire being administered during the study (if applicable).
- I have made a copy of this entire application for my files.

Signature: Principal Investigator

Date

ZIAUDDIN UNIVERSITY

ETHICAL REVIEW COMMITTEE

ETHICAL REVIEW COMMITTEE INTRODUCTORY QUESTIONNAIRE

(Kindly type or print)

Add more sheets for additional space wherever needed

Title of protocol: _____

Principal Investigator and Co-Investigators: _____

_____ NAME	_____ DESIGNATION	_____ DEPARTMENT
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_____ NAME	_____ DESIGNATION	_____ DEPARTMENT
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_____ NAME	_____ DESIGNATION	_____ DEPARTMENT
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_____ NAME	_____ DESIGNATION	_____ DEPARTMENT
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Please mark the appropriate box

Types of study	Yes	No
Departmental Research		
Research conducted in established or commonly accepted educational settings involving normal educational practices		
Retrospective review of patient's profile		
Prospective data collection from patient's file		
Research involving the use of educational tests, survey procedures, interview procedures or observation of public behavior		
Others; please specify		

PRINCIPAL INVESTIGATOR ASSURANCE

As a Principal Investigator/ Student Principal Investigator, by signing this application:

- I accept ultimate responsibility for the protection of the rights and welfare of the human subjects and the conduct of this study including adherence to the ethical guidelines
- I accept responsibility for adhering to the project stated in this application, in the case of any changes that will impact the exemption status, I understand that I must resubmitted for review
- I certify that the proposed research is not currently being conducted and will not begin until ERC response / waiver has been obtained

I certify that the information provided in this application is complete and accurate

Signature: Principal Investigator

Date