

CALICUT UNIVERSITY ETHICS COMMITTEE FOR HUMAN RESEARCH

Form to be filled by the Principal Investigator (PI)/ Research Scholar for submission to Calicut University Human Ethics Committee

(for attachment to each copy of the proposal)

Application No.:

Proposal Title:

	Name, Designation & Qualifications	Address Tel & Fax Nos. Email ID	Signature
PI/ Research Scholar			
Co-PI/ Supervising teacher/ Co- Guide			
1.			
2.			
3.			

Please attach detailed Curriculum Vitae of all Investigators/ Research Scholars (with subject specific publications limited to previous 5 years).

Tick appropriately

Sponsor Information :			
1. Indian	a) Government	<input type="checkbox"/>	Central <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/>
	b) Private	<input type="checkbox"/>	
2. International	Government	<input type="checkbox"/>	Private <input type="checkbox"/> UN agencies <input type="checkbox"/>
3. Industry	National	<input type="checkbox"/>	Multinational <input type="checkbox"/>

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ii.	Duration of study :		
iii.	Will subjects from both sexes be recruited	Yes	No
iv.	Inclusion / exclusion criteria given	Yes	No
v.	Type of subjects	Volunteers <input type="checkbox"/>	Patients <input type="checkbox"/>
vi.	Vulnerable subjects	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(Tick the appropriate boxes)		
	pregnant women <input type="checkbox"/>	children <input type="checkbox"/>	elderly <input type="checkbox"/>
	fetus <input type="checkbox"/>	illiterate <input type="checkbox"/>	handicapped <input type="checkbox"/>
	terminally ill <input type="checkbox"/>	seriously ill <input type="checkbox"/>	mentally challenged <input type="checkbox"/>
	economically & socially backward <input type="checkbox"/>	any other <input type="checkbox"/>	
vii.	Special group subjects	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(Tick the appropriate boxes)		
	captives <input type="checkbox"/>	institutionalized <input type="checkbox"/>	employees <input type="checkbox"/>
	students <input type="checkbox"/>	nurses/dependent <input type="checkbox"/>	armed forces <input type="checkbox"/>
	any other <input type="checkbox"/>	staff <input type="checkbox"/>	
6. Privacy and confidentiality			
i.	Study involves -	Direct Identifiers <input type="checkbox"/>	
		Indirect Identifiers/coded <input type="checkbox"/>	
		Completely anonymised/ delinked <input type="checkbox"/>	
ii.	Confidential handling of data by staff	Yes	No
7. Use of biological/ hazardous materials		Yes	No
i.	Use of fetal tissue or abortus		
ii.	Use of organs or body fluids	Yes	No
iii.	Use of recombinant/gene therapy	Yes	No
	If yes, has Department of Biotechnology (DBT) approval for rDNA products been obtained?	Yes	No
iv.	Use of pre-existing/stored/left over samples	Yes	No
v.	Collection for banking/future research	Yes	No
vi.	Use of ionising radiation/radioisotopes	Yes	No
	If yes, has Bhaba Atomic Research Centre (BARC) approval for Radioactive Isotopes been obtained?	Yes	No
vii.	Use of Infectious/biohazardous specimens	Yes	No
viii.	Proper disposal of material	Yes	No
ix.	Will any sample collected from the patients be sent abroad ?	Yes	No
If Yes, justify with details of collaborators			
a)	Is the proposal being submitted for clearance from Health Ministry's Screening Committee (HMSC) for International collaboration?	Yes	No

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b) Sample will be sent abroad because (Tick appropriate box):		
Facility not available in India <input type="checkbox"/> Facility in India inaccessible <input type="checkbox"/> Facility available but not being accessed <input type="checkbox"/> If so, reasons...	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Consent : *Written <input type="checkbox"/> Oral <input type="checkbox"/> Audio-visual <input type="checkbox"/>		
i. Consent form : (tick the included elements)		
Understandable language <input type="checkbox"/> Statement that study involves research <input type="checkbox"/> Sponsor of study <input type="checkbox"/> Purpose and procedures <input type="checkbox"/> Risks & Discomforts <input type="checkbox"/> Benefits <input type="checkbox"/> Compensation for participation <input type="checkbox"/> Compensation for study related injury <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternatives to participation <input type="checkbox"/> Confidentiality of records <input type="checkbox"/> Contact information <input type="checkbox"/> Statement that consent is voluntary <input type="checkbox"/> Right to withdraw <input type="checkbox"/> Consent for future use of biological material <input type="checkbox"/> Benefits if any on future commercialization <input type="checkbox"/> eg. genetic basis for drug development
*If written consent is not obtained, give reasons:		
ii. Who will obtain consent ?		
PI/Co-PI <input type="checkbox"/> Research staff / Scholar <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Nurse/Counsellor <input type="checkbox"/> Any other <input type="checkbox"/>
9. Will any advertising be done for recruitment of Subjects ? (posters, flyers, brochure, websites – if so kindly attach a copy)	Yes	No
10. Risks & Benefits:		
i. Is the risk reasonable compared to the anticipated benefits to subjects / community / country?	Yes	No
ii. Is there physical / social / psychological risk / discomfort? If Yes, Minimal or no risk <input type="checkbox"/> More than minimum risk <input type="checkbox"/> High risk <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii. Is there a benefit a) to the subject ?		
Direct <input type="checkbox"/> Indirect <input type="checkbox"/> b) Benefit to society <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Data Monitoring		
i. Is there a data & safety monitoring committee/ Board (DSMB)?	Yes	No
ii. Is there a plan for reporting of adverse events ? If Yes, reporting is done to : Sponsor <input type="checkbox"/> Ethics Committee <input type="checkbox"/> DSMB <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii. Is there a plan for interim analysis of data?	Yes	No

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vi. Are there plans for storage and maintenance of all trial database? If Yes, for how long ?	Yes	No
12. Is there compensation for participation? If Yes, Monetary <input type="checkbox"/> In kind <input type="checkbox"/> Specify amount and type:	Yes	No
13. Is there compensation for injury? If Yes, by Sponsor <input type="checkbox"/> by Investigator <input type="checkbox"/> by insurance <input type="checkbox"/> by any other <input type="checkbox"/> company	Yes	No
14. Do you have conflict of interest? (financial/nonfinancial) If Yes, specify :	Yes	No
Checklist for attached documents:		
Project proposal – 11 Copies	<input type="checkbox"/>	
Curriculum Vitae of Investigators	<input type="checkbox"/>	
Brief description of proposal	<input type="checkbox"/>	
Patient information sheet	<input type="checkbox"/>	
Informed Consent form	<input type="checkbox"/>	
Investigator’s brochure for recruiting subjects	<input type="checkbox"/>	
Copy of advertisements/Information brochures	<input type="checkbox"/>	
Copy of clinical trial protocol and/or questionnaire	<input type="checkbox"/>	
Institutional Ethics Committee clearance	<input type="checkbox"/>	
Institutional Animal Ethics Committee clearance	<input type="checkbox"/>	
CPCSEA clearance, if any	<input type="checkbox"/>	
HMSC/DCGI/DBT/BARC clearance if obtained	<input type="checkbox"/>	

Place:

Signature & Designation of PI/Co-PI/Research
Scholar/Collaborator

Date: