**Ministry of Higher Education and Scientific Research**

**Research Ethics Form**

|  |  |
| --- | --- |
| University: |  |
| College: |  |
| Department: |  |
| Reference No.: |  |

*The Ethics protocol otherwise known as The Application for Ethics Approval is comprised of four sections:*

**Section 1**: contact details and the title of the project.

**Section 2**: Project details

**Section 3**: Ethics consideration

**Section 4**: Declaration

**Section 5**: Approval

*Complete all the four sections and submit 2 copies to the following address of ethics committee:*

Email:

**Section 1: contact details and the title of the project.**

Project title:

Project type: [ ] Thesis (Postgraduate study) [ ] Article

1. **Principle investigator\*:**

*\*Principle investigator should act as a corresponding author; he has the rights for discussion and follows up of his/her submission of the study. The following information is obligatory.*

|  |  |
| --- | --- |
| Title:  | Name:  |
| Qualification: | Affiliation: |
| Phone:  | Email:  |

1. **If a student:**

|  |  |
| --- | --- |
| Name of your course of study:  |  |
| Name of supervisor: | Affiliation: |
| Phone:  | Email: |

1. **Co-Investigator (s):**

|  |  |
| --- | --- |
| Title:  | Name:  |
| Qualification: | Affiliation: |
| Phone:  | Email:  |

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| Title:  | Name:  |
| Qualification: | Affiliation: |
| Phone:  | Email:  |

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| --- | --- |
| Title:  | Name:  |
| Qualification: | Affiliation: |
| Phone:  | Email:  |

1. **Funding of the project** (the organization by which the study is carried out)**:**

*Please tick the following accordingly.*

|  |  |
| --- | --- |
| [ ]  Funded  | Agency:  |
| Submission dates:  |
| [ ]  Applied for funding  | Agency:  |
| Submission date:  |
| [ ]  Unfunded  |  |

**Section 2: Project details**

|  |  |
| --- | --- |
| 1. **Aims of the project:**
 |  |
| 1. **Objectives of the project:**
 |
| 1. **Background/Justification of the project:**
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|  |  |
| --- | --- |
| 1. **Duration of the project:** *Timing and the place where the study carried out should be written clearly.*
 | 1. **location of the project:** *the place where the study carried out should be written clearly*
 |
| 1. **Research Design/Materials and Methods (subjects, data collection & analysis)**
 |
| 1. **Type of questionnaire**

[ ]  Questionnaires requesting intimate personal, identifying, or sensitive information[ ]  Internet questionnaires [ ]  Face to face interviews which do not request personal or sensitive information [ ]  Face to face interviews which request personal or sensitive information[ ]  Access to medical records or records which contain intimate personal information, and are individually identifiable and are not publicly available [ ]  Focus groups [ ]  Others |
| 1. **Detail of the study subjects (Sample**): [ ]  Adult > 18 years old [ ]  Children or young people < 18 [ ]  Patients of a hospital or clinic [ ]  Prisoners or people in the custody of correctional services [ ]  Other (please specify)
 |
| 1. **Is project a randomized trial?**
 |  [ ] No [ ]  Yes, If yes, please provide details: [ ] Controlled [ ] Non-controlled |
| 1. **Does the project include collection of any biological samples?**
 | [ ] No [ ]  Yes, If yes, please provide details (collection, saving, the way of analysis and their disposal). Biological samples (human pathogenic bacteria and antibiotic which used in treatment): |

**Section 3: Ethics consideration**

|  |  |
| --- | --- |
| 1. Does the research involve any artifacts that are of cultural, spiritual or religious significance to participants?
 | [ ] Yes [ ] No |
| 1. Does the research involve an unusually dependent relationship between the researcher and any of the research participants? (For example inclusion of patients’ clinic).
 | [ ] Yes [ ] No |
| 1. Could the research place research participants in an unusually vulnerable situation?
 | [ ] Yes [ ] No |
| 1. Is there any potential risk (physical, emotional, social or legal) to individual participants’ wellbeing, beyond that normally encountered in everyday life, as a result of their involvement in the research?
 | [ ] Yes [ ] No |
| 1. Does the research involve the administration or application of a drug?
 | [ ] Yes [ ] No |
| 1. Is there any reasonable likelihood that the research will result in the reporting of suspected child abuse?
 | [ ] Yes [ ] No |
| 1. Is there any potential risk to the researcher’s safety, beyond that normally encountered in everyday life, as a result of their involvement in the research?
 | [ ] Yes [ ] No |
| 1. Is the study known to involve research into illegal activities and / or legal implications?
 | [ ] Yes [ ] No |
| 1. Is there any conflicts of interest/dual roles?

*If yes, please describe any dual-roles that may impact or may be perceived as impacting the research. Describe any preceding, current or anticipated relationship between the researcher(s) and those individuals/groups being researched.* | [ ] Yes [ ] No |

1. **Consent (the submission should be specific about the following)**

|  |  |
| --- | --- |
| 1. Will consent be given in written or verbal form?
 | [ ]  Written [ ]  Verbal |
| 1. How will research participants be given information about the study?
 | [ ] Written [ ]  Verbal |
| 1. Time allowed for research participants to decide to participate in the study?
 |      Hour(s)      Minute (s) |
| 1. Will research participants be informed of their right to withdraw from the study at any time?
 | [ ] Yes [ ] No |

**Section 4: Declaration**

[ ]  The information supplied is to the best of my knowledge and belief, accurate.

**[ ]** I confirm I have obtained permission to undertake this study from my supervisor and the scientific committee of the department. ***(Note that the application should be reviewed by your supervisor to resolve any methodological problems).***

[ ]  I understand that I may be invited to explain my research protocol (proposal) to the Committee, either in person or by telephone.

[ ]  I understand that the Ethics Committee gives Ethical Approval only and does not guarantee the quality or scientific validity of my study.

Signature of Principle investigator: Date:

Signature of supervisor (if applicable): Date:

**Section 5: Approval**

|  |  |
| --- | --- |
| [ ]  Approved | [ ]  Need minor amendment |
| [ ]  Need major amendments | [ ]  Not approved |

 **Head of committee**

**Member of committee Member of committee**

**Member of committee Member of committee**