**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:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

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| 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**