



University of Central Punjab

PROFORMA FOR ETHICAL APPROVAL

Ethical Review Committee (ERC), Institutional Review Board (IRB)

Only for office use	Case No:	Reference No:	Date of assessment

Researcher's name	
Postal Address for Correspondence	
Contact Number: <input type="checkbox"/> Cell No # <input type="checkbox"/> Residence # <input type="checkbox"/> Office #	
Email:	
Purposed Commencement Date	
Names of Supervisor / PI	
Supervisor email ID	
Name of Department and Faculty	
Supervisor Contact no #	
Type of Study	<ul style="list-style-type: none">• Under Graduate• Post Graduate• Clinical Study• Research proposal/projects for grants• Others

Title of study	
Objectives of the study	
Methodology <ul style="list-style-type: none"> • Study Design: • Place of study: • Sample size: Sampling technique: 	
Data Collection Procedure	
Patients Selection Criteria <ul style="list-style-type: none"> • Inclusion Criteria • Exclusion Criteria • Duration of the study 	
Source of Funding	<input type="checkbox"/> Funds Required (Mention Source of funding) <input type="checkbox"/> Sponsored Research Please give details of funding source. Please attach copy of Financial Agreement for Sponsored Research

S. No.	Questionnaire	
1	<p>Select the type of ethical clearance certificate required from ERC/IRB</p> <p><input type="checkbox"/> Ethical Clearance Certificate for Research Proposal/Project Submission</p> <p><input type="checkbox"/> Ethical Clearance Certificate for On-going Research</p> <p><input type="checkbox"/> Ethical Clearance Certificate on Completion of Project</p> <p><input type="checkbox"/> Others – Please specify _____</p>	
2	<p>Select the research case for which the ethical clearance certificate is needed</p> <p><input type="checkbox"/> Research proposal/projects for grants</p> <p><input type="checkbox"/> Research Publication</p> <p><input type="checkbox"/> Research Patents</p> <p><input type="checkbox"/> M.S/M.Phil/PhD Thesis & Final Year Projects</p> <p><input type="checkbox"/> Others – Please specify _____</p>	
3	<p>Is there any involvement of more than a minimal risk (toxic emissions, safety of workers/researchers/staff, environmental hazards)? If you answered yes, please explain.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4	<p>Is there any subject data (records, equipment, premises, or vulnerable persons) in the study? If so, please ensure that the information will not be linked to specific individuals.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
5	<p>Is there any potential for a conflict of interest or an appeal?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
6	<p>Is there a risk to the indigenous population, the environment, human health, animal or fish habitats, endangered species, language, or culture?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
7	<p>Do you believe the initiative may have legal ramifications?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

8	Is a literature review part of the study? If you answered yes, please list the sources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is complete version of research proposals including concept paper/note, research objectives & outcomes, and potential involvement of human/animals subjects have been incorporated in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has the research been approved from the Board of Studies? (in case of non UCP relevant authorities)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Departmental Approval

I agree to accept responsibility for the scientific and technical conduct of the proposed research and submission of progress reports if this application is approved. I agree to submit study progress report to the Office of Research and inform the IRB/ERC of any new information.

Principle Investigator / Supervisor / Researcher

Name: _____

Signature & stamp _____

Date: _____

Designation:

Department:

Tel. No:

Email:

Approval of Departmental Head

I approve the participation of the concerned personnel of my department in this study and confirm that there is no conflict of interest within the department for this project.

Name: _____

Signature & stamp _____

Date: _____

Designation:

Department:

Tel. No:

Email:

Note: Please attach following documents with this form if required:

1. Institutional permission letter from collaborative organization.
2. Consent form (Urdu/English/Other)/Patients' consent form.

The protocols which do not provide sufficient information for the Institutional Review Committee to make an adequate assessment will not be considered. The complete application form should be email at oric@ucp.edu.pk.

Approval of IRB/ERC:

<hr/> <p>Prof. Dr. Muhammad Akhyar Farrukh Director Research / ORIC (Secretary-ERC) University of the Central Punjab</p> <p>Stamp:</p>	<hr/> <p>Dr. Hammad Naveed Prorector (Chair-ERC) University of the Central Punjab</p> <p>Stamp:</p>
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