## Annexure 5

Initial Review Submission Form for Research Proposal
Project no. $\qquad$ (to be alloted by the office)

1. Principal Investigator $\qquad$ Mobile $\qquad$ E-mail $\qquad$
2. Project submitted under (Tick appropriately)
a. Inital Review Application
b. Resubmission of Study with Corrections
c. Protocol Amendment or any other amendments
d. Interim Status Reports
e. Study Completion / Termination
3. Full Title of research Project: $\qquad$

| 4. Name of Principal Investigators/ <br> co-investigators with designation and <br> department | Role \& Responsibility <br> $*$ (choose from list A to Q) | Conflict of interest Yes <br> /NO <br> If Yes Please specify |  <br> Date |
| :--- | :--- | :--- | :--- |
| 4.a |  |  |  |
| 4.b |  |  |  |
| 4.c |  |  |  |
| 4.d |  |  |  |
| 4.e |  |  |  |

* Choose From the Following list

| A. Concept | J. Examination of patients on follow-up |
| :--- | :--- |
| B. Design | K. Data collection and monitoring of data |
| C. Screening of patients/participants | L. Interpretation of data |
| D.Selection \&Recruitment and consenting <br> patients | M. Statistical analysis \&Interpretation. |
| E. Laboratory investigations | N. Maintaining patients/participants file and master file |
| of project |  |
| F. Laboratory report interpretation | O. Drafting Final report |
| G. Treatment decision <br> H. Patient evalution <br> I. AE and SAE management, evalution and <br> reporting | Q. Publication |

5. Number of Ongoing Projects with Principal Investigator (not to exceed 5)
6. Type of Trial / Study
7. Tick the appropriate one:
a. Uncontrolled Trials / Controlled Trial
b. Single Centre / Multi centre (IEC Clearance must be provided)
c. Funding Yes / No
d. If Yes Institutional / Pharmaceutics/ Industry / NGO / Any other
8. Objectives of the study

| 1 |  |
| :--- | :--- |
| 2 |  |
| 3 |  |


|  | 4 |  |
| :---: | :---: | :---: |
| 8. Justification for conduct of this study |  |  |
| 9. Materials and methods | 9.1 Number of Patients/ Participants |  |
|  | 9.2 Inclusion criteria | Justification |
|  | a) |  |
|  | b) |  |
|  | c) |  |
|  | d) |  |
|  | 9.3 Exclusion criteria | Justification |
|  | a) |  |
|  | b) |  |
|  | c) |  |
|  | d) |  |
|  | 9.4 Control (s) |  |
|  | 9.5 Study Design |  |
|  | 9.6 Investigations specifically related to project |  |
|  | 9.7 Who will bear the cost of investigation Patient/ <br> Institution/ Sponsor/ <br> Principal Investigator |  |
|  | 9.8 Permission to use copyrighted Questionaire/proforma |  |
|  | 9.9 Approximate duration of project |  |
| 10. Procedure to maintain confidentiality of subject |  |  |
| 11. Questionnaire / proforma | Attached English version Attached Local Langauge version |  |
| 12. Participant informed Consent Form and Information sheet | Attached English version Attached Local Langauge version |  |
| 13. Attached documents | 1 Covering letter, through proper channel. <br> 2 Copy of the detailed protocol <br> 3 Brief CV of Investigators <br> (including No. of projects with Principal Investigator) <br> 4 In case of multicentric study,IEC clearance of other centres must be provided |  |

