## **Application for Approval of Research Proposal**

**(Form A)**

**Revised on September 2017**

**IRC-PAHS**

# **Institutional Review Committee (IRC) Of Patan Academy of Health Sciences (PAHS)**

### **Lagankhel, Lalitpur, P.O. Box: 26500, Kathmandu, Nepal**

##### Tel: 977-1- 5545112, Fax: 977-1- 5545114, e-mail: irc-pahs@pahs.edu.np

#### Note: Address all application to the member secretary IRC-PAHS. Electronic submission is must. Please download the ‘word’ version of application form, type in and email. You may attach separate file for photos if you have difficulty in putting the photos in required place. Please allow us at least one month time for review. Please do not change the format.

**The applicant should ensure that following supporting information are included**

|  |  |
| --- | --- |
| **Documents** | **Enclosed****Yes/No** |
|
| Study protocol  |  |
| References- list cited literatures |  |
| Declaration by PI- funding, conflict of interest, approval from department/institution |  |
| Sample consent form |  |
| Data collection instruments including questionnaires |  |
| Curriculum vitae of principal investigator |  |
| Drugs and devices, including copy of DDA approval for unregistered drugs |  |
| Cc sent to all co-investigators |  |

**For Office Use Only**

Submission Date: Record number:

Approved by research committee: yes / no

Expedited review: yes / no Full house review: yes / no

Approved: yes / no Date:

###### Applicant should provide all details clearly

1. Name and Title of Principal Investigator responsible for the proposed research:

(Attach copy of your curriculum vitae)

Passport size photograph

Full Name:

Title/Designation:

Institute/NGO/INGO:

Postal Address of Institute:

Institute: Tel/Fax: Email:

Researcher: Tel: Email:

1. Declaration (own institution-1 and study site-2) of the head of the Department / Institution / University / NGO / INGO to allow him/her to conduct the research

Electronic Signature-1

Full Name: Email:

Designation

Electronic Signature-2

Full Name: Email:

Designation

1. List of Co-Investigator responsible for the proposed research:

(Attach copy of curriculum vitae, Use additional sheet if necessary)

Electronic Signature

Full Name: Email:

Designation

Electronic Signature

Full Name: Email:

Designation

Electronic Signature

Full Name: Email:

Designation

Electronic Signature

Full Name: Email:

Designation

Electronic Signature

Full Name: Email:

Designation

Electronic Signature

Full Name: Email:

Designation

**Research Proposal** (Use additional sheet if necessary)

1. Title
2. Introduction (include objective, restrict to 150 words)
3. Literature Review (Briefly, relevant up to five in the whole document)
4. Methods (details for reproducibility)
5. Work plan/GAANT chart (start, progression, completion time for study/research)

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| S.No | Title | Yes | No |
| 1.  | Is foreign researcher / institutions involved in the research? |  |  |
| 2. | Is your research being funded by organization or agency? |  |  |
| 3. | Are vulnerable members of the population required for this research?(except routine work treatment/observation in hospital set up e.g., pediatric, obstetric patient, patient in psychiatric hospital)  |  |  |
| 4. | Are there significant risks involved for the participants? |  |  |

If any of the declaration is "yes" then please fill up the form "B" with supplemental detail information.

**Declaration by the principal investigator**

I hereby certify that the above-mentioned statements are true. I have read and understood the regulation of the Nepal Health Research Council (NHRC) and will act accordingly.

If the research is terminated, for any reason, I will notify IRC-PAHS of this decision and provide the reasons for such actions. I will provide a written notice upon the completion of the research as well as a final summary/full report of the research study. For publication in a journal, I shall acknowledge the IRC-PAHS approval and shall provide the committee copy of such publication.

Electronic Signature

Full name:

Date:

