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

**(Revised Jan 2020)**

**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, complete (by inserting required information in the blank space, page number may increase) and submit via email (irc-pahs@pahs.edu.np). Do not submit hard copies unless requested. You may attach separate file for photos if u have difficulty in putting the photos in required place. Use Calibri, font size 11.

1. Do not leave information blank, write Yes, No or NA (not applicable). **Do not type in shaded area, do not delete shaded area.**

#### Do not modify the form. Use attachments (files) when required.

1. When replying please use ‘review-track change mode’ of word processors, save in same file name, **do not modify**.
2. For thesis proposal align all the changes made in irc-form into your full proposal of thesis.
3. **Checklist, ensure that following supporting information are included**

|  |  |
| --- | --- |
| **Supplementary documents enclosed (when applicable, in separate file)** | **Y/N/NA** |
| 1 | Approval letter from department/institution  |  |
| 2 | Consent form (as per IRC-PAHS format) |  |
| 3 | Information sheet (In addition to consent form) |  |
| 4 | Questionnaires/tools |  |
| 5 | Proforma |  |
| 6 | Timeline/work plan/Gantt Chart (submission, data collection, analysis, writing, publication) |  |
| 7 | Total budget, site budget, detail breakdown |  |
| 8 | Curriculum vitae of PI and co-PI’s/researcher co-researcher |  |
| 9 | Drugs and devices, including copy of DDA approval for unregistered drugs |  |
| 10 | cc email to all co-investigators and signatories |  |
| 11 | For thesis, provide full proposal **signed** by candidate, guide, co-guide; align revisions by IRC into full proposal |  |
| 12 | Do you intend to publish your findings in scientific journal |  |

1. **For Office Use**

Submission Date: Record number:

Approved: yes / no Date:

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

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

Passport size photograph

Full Name:

Title/Designation:

Institute/NGO/INGO:

Postal Address of Institute:

Institute: Tel/Fax: Email:

Researcher: Tel: Email:

1. Approval of the head of the Department / Institution / University / NGO / INGO to conduct research

Electronic Signature

Full Name: Email:

Institute: Designation:

1. List of Co-Investigators responsible for the proposed research

Electronic Signature

Full Name: Email:

Institute: Designation:

Electronic Signature

Full Name: Email:

Institute: Designation:

Electronic Signature

Full Name: Email:

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Full Name: Email:

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Institute: Designation:

1. **Research Proposal**
2. **Title**
* Short, no waste words, should align and reflect the objective and outcome of the study—**do not type in shaded areas, do not delete!**
1. **Introduction (up to 200 words, citations up to ‘five’ only, do not list out references here)**
* Write in ‘inverted triangle’ format ideally in 3-paragraphs- 1) ‘global, regional, local’ information about your study referring to the relevant literature; 2) What is known, controversies, and 3) Sum up with aim, rationale and relevance of the study
* Do not copy-paste the ‘abstract’ of few randomly picked article, avoid ‘**plagiarism**’—**do not type in shaded areas, do not delete!**
1. **Methods (details for reproducibility, provide citation where applicable)**
* Detail enough for reproducibility, validity and further extension, mention ethical issues- consent, ethical approval etc.
* Objectives- general, specific (number them eg. 1,2,3…); study design, variables, place; duration; sampling and sample size calculation; inclusion exclusion; procedures detail; data processing software, analysis tools, proforma and questionnaire
* Data management, data storage, sharing details and dissemination—**do not type in shaded areas, do not delete!**
1. **List references (the five citations used in introductions, and in methods if necessary)**
* Ideally ¼th within 2 y, ¼ within 3-5 y, modified Vancouver (details as JPAHS style)
* I**n following conditions reference may be >5**

Funding, Multicenter, Foreign researcher, Vulnerable population, Sensitive to local culture and social values, Sample taking out of

country, Equipment/materials bringing in country—**do not type in shaded areas, do not delete!**

1. **Additional information - provide details**
2. *Provide budget and its breakdown, funding source*
3. *Multicenter - details of study sites, detailed proposal and approval from the parent proposal site*
4. *Foreign researcher (institutional affiliation)*
5. *Details about vulnerable population, sensitivity of local culture and social values*
6. *Bio-sample taking out/bringing in country*
7. *Equipment/materials bringing in/out country*
8. *Detail proposal if any in addition to this IRC-Form*
9. *Data storage and sharing details*—**do not type in shaded areas, do not delete!**
10. **Declaration by the principal investigator**

I hereby certify that the above-mentioned statements are true. I/we will commence research after the approval from IRC-PAHS (and NHRC- Nepal Health Research Council when suggested) and will comply fully. 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 final summary of the research upon completion. For publication in a journal, I shall acknowledge the IRC-PAHS approval and shall provide the committee copy of such publication.

Full name:

Electronic Signature

Date:

1. **Annex 1. Consent form**

(use this consent form, add extra ‘information sheet’ as required)

Research title-

Researcher-

Research site-

I hereby give my voluntary consent for myself / Mr / Ms …………………………………………………………... to participate in the research. I have been fully informed about the nature, risk and benefit of participation. I am aware that I have the right to accept/withdraw from participating in the above-mentioned research whenever I wish to do so.

Signature..………………………..............

Witness name ……….....………………..

Date……………………………..................

Signature..………………………..............

Participant (preferred) ………………..

Guardian………………………………………

Relation…………………………............... Contact number…………………..........

Date……………………………...................

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1. **Proforma**

