

INSTITUTIONAL REVIEW AND ETHICAL BOARD GAJJU KHAN MEDICAL COLLEGE SWABI

ETHICAL REVIEW APPLICATION FORM

This form must have the following attachments:

1. Research Proposal/synopsis
2. Consent form
3. Questionnaire/Checklist or Qualitative equivalent

1. Title/Topic of the study:

2. Principal Investigator:

- a. Full Name: _____
- b. Designation: _____
- c. Department: _____
- d. Institution: _____
- e. Cell No: _____
- f. Email : _____

3. Proposed duration of the study: Start Date _____ End Date _____

4. Objective(s) of the study: _____

5. Study Design:

Signatures:

Principal investigator: _____ Dated: _____

Supervisor (if any) : _____ Dated: _____

COMMENTS OF THE TECHNICAL REVIEW COMMITTEE (with date & signatures):