

ETHICAL REVIEW COMMITTEE Application Form Jinnah Medical & Dental College (JMDC) - Medicare Cardiac & CARDIAC & GENERAL HOSPITAL Where Patient Care is At The Heart Of All We Do General Hospital (MCGH), Karachi Office: 021-111123789 Ext 2011, erc.jmdc@jmc.edu.pk



Title of	the Project								
Name o									
Researc			, ,			T	T		=
Discipline/Specify			DDT D		ECDG	Other research			
Specialty		MBBS \square	BDS 🗖	DPT FCPS		FCPS 🗖	Please Specify:		
Supervisor									
Department									
Affiliation			Sohail University Jinnah Medical &			& Dental College			
Sample type & number		Patient Data (Specify)	Blood	Biopsy	Data collection by questionnaire		Any other (Specify)		
	opulation				1				
	Please ans	swer each question by t	icking the app	ropriate	box		YES	NO	N/A
1.		pefore filling in this form				guideline of			
animal, human or b			or biological material research? Guidelines available online at						
	https://www.who.int/publications/i/item/9789241502948 https://olaw.nih.gov/sites/default/files/Guide-for-the-Care-and-Use-of-LaboratoryAnimals.pdf		- C						
			01-						
	<u> </u>								
2.	Is the proje	Is the project multidisciplinary with involvement of different departments /							
	institutes?								
3.		Does the PI/Co-PIs of the project (early stage/experienced) have appropriate							
		ntific skills and experience for execution of the project under consideration?							
4.	Does the study involve participants who are particularly vulnerable? (e.g. refugees, prisoners, victims of violence, patients with sensitive medical conditions								
		V/AIDS, drug addiction) or are unable to give informed consent (e.g.							
	children,								
		isabilities)?							
	Does the study involve archival material collected during research/routine								
5.	-	aboratory testing and the material cannot be traced to its origin or cannot be							
		accessed? If the answer to the items 2,4,5 is yes, then have you taken formal approval from the							
6.		ing institutes/organization	-	you takell	101111111	approvai nom me			
		o III II					1		



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7.	Will the study involve discussion of sensitive topics (e.g. sexual activity, drug use) or induce embarrassment, psychological stress or anxiety or cause harm or	
	negative consequences?	
	Is there any potential conflict of interest relating to the study?	
8.	If yes then have you declared the nature of conflict in the proforma?	
0	Will financial inducements be offered to participants?	
9.		
	Will drugs, placebos, or other substances (e.g. food or drink constituents, dietary	
10.	supplements) be administered to the study participants?	
	If answer to 10 is yes, then is the proposed research registered with Drug Regulatory	
11.	Authority of Pakistan according to DRAP Act 2012?	
	(Guidelines available online at	
	http://www.dra.gov.pk/userfiles1/file/ProcedureforClinicalTrialApplications.p	
	df)	
12.	Does this study involve handling, transportation and storage of Infectious agents,	
12.	toxins, or chemicals (pathogenic to humans, animals or plants)?	
13.	If answer to 12 is yes, then are the standard biosafety measures (contamination	
	control, spill response, waste management, use of protective apparel, and	
	inventory control) ensured for the execution of this project?	
	inventory control) custical for the execution of this project:	
14.	If the study involves distribution of questionnaires to the participants, has the right	
	to Response Omission and Anonymity been provided to them?	
	In case of animal studies, have you considered alternatives (<i>in vitro</i> systems,	
	· · · · · · · · · · · · · · · · · · ·	
15.	computer simulations and/or mathematical models) to reduce or replace the use	
	of animals as far as possible?	
	W'11 1 4 4 1 1 14 C1 / ' 1 1 ' '	
	Will you make sure that the health of humans/animals be given prior	
16.	consideration and avoid or minimize discomfort, distress, and all procedures will	
	be kept aseptic, painless and minimally intrusive?	
	XX711	
17.	Will you provide adequate care to all humans/animals and ailing study subjects shall	
	be	
	properly treated by the qualified care providers and will be removed from further	
	study?	
18.	Will you ensure confidentiality and data protection related to study participants?	
10		
19.	Will you share study findings with the participants and ERC when asked?	
20.	Will you make sure that the results are only used for research purpose and	
	information disseminated only through research publication / conference	
	· · · · · · · · · · · · · · · · · · ·	
21	papers/presentations?	
21.	Have you attached the consent form with explicit right of the participants	
	to withdraw from study at their will?	



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22.	What is the sample size of your study i.e. how many samples/participants you	
	required?	
23.	What is the duration of your study? (Months/Year)	
	Describe the study setting (e.g. location, experimental set-up, community clinic, affiliated hospital).	

NOTE: Duly filled and signed application should be submitted with following documents:

- i. Title Page of Research Synopsis / project
- ii. Project Summary
- iii. Methodology/Research Proformas, if any
- iv. Statistical Analysis
- v. Informed consent (if applicable)
- vi. Consent/NOC/ERC from the internal or external collaborating institution, if applicable
- vii. Research collaboration agreement with department/institute/organization (if there is any research work in collaboration)
- viii. A Copy of the filled application along with required documents should be emailed at erc.jmdc@jmc.edu.pk

** The ERC approval letter will be issued within a period of two months from the date of submission of all required documents and information."



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Declaration: I/We declare that all the information given in this form and written in the proposal is correct and I/We will abide by the ethical guidelines relevant to this research. I/We will reapply for ethical approval if there is a significant change or revision in the design or protocol of the proposed study.

Researcher	Institute:	Signature:
Name:		
	Department:	
Contact:		
	Email:	
<u>Supervisor</u>	Institute:	Signature:
Name:		
	Department:	
Contact:		
	Email:	
Co - Supervisor (s)	Institute:	Signature:
Name:		
	Department:	
Contact:	_	
	Email	
Head of Department	Institute:	Signature:
Name:		
	Department:	
Contact:		
	Email:	