



Application Form for Initial Review

Yenepoya Ethics Committee-3 (YEC-3)

EC Ref. No.(for office use):

General Instructions: a) Tick one or more as applicable. Mark NA if not applicable

b) Attach additional sheets if required

SECTION A - BASIC INFORMATION

1. ADMINISTRATIVE DETAILS

(a) Name of Organization:
(b) Name of the Ethics Committee:
(c) Name of Principal Investigator:
(d) Department/Division: (e) Date of Submission: [Click here to enter a date.](#)

(f) Type of review requested¹:
Exemption from Review Expedited Review Full Committee Review

(g) Title of the study:

Acronym/ Short title, (If any):

(h) Protocol number(If any): Version number:
(i) Details of Investigators:

Name	Designation and Qualification	Department and Institution	Address for communication ²
Principal Investigator/student/fellow (Academic research) / Principal Investigator/ Guide (Sponsored research)			
Co-investigator/ Guide (Academic research) / Co-investigator/student/fellow(Sponsored research)			

(j) Number of studies where applicant is a:
i) Principal Investigator at time of submission: ii) Co-Investigator at time of submission:
(k) Duration of the study:

¹ Refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017 on Page 36 Table 4.2. for the types of review

²Include telephone/mobile, fax numbers and email id

Date of review:

[Click here to enter a date.](#)

Comments of Scientific Committee, if any(100 words)

SECTION C - PARTICIPANT RELATED INFORMATION

5. RECRUITMENT AND RESEARCH PARTICIPANTS

(a) Type of participants in the study:

Healthy Patient Vulnerable person/
volunteer Special groups Others
(Specify)

Who will do the recruitment?

Participant recruitment methods used:

Posters/
leaflets/Letters TV/Radio
ads/Social
media/Institution
website Patients /
Family/Friends
visiting
hospitals Telephone
Others(Specify)

(b) i. Will there be vulnerable person/special groups involved? Yes No NA

ii. If yes, type of vulnerable person /special groups

Children under 18 yrs Pregnant or lactating women

Differently abled (Mental/Physical) Employees/Students/Nurses/
Staff

Elderly Institutionalized

Economically and socially disadvantaged Refugees/Migrants/Homeless

Terminally III (stigmatized or rare
diseases)

Any other (Specify):

iii. Provide justification for inclusion/exclusion

iv. Are there any additional safeguards to protect research participants?

(c) Is there any reimbursement to the participant? Yes No

If yes, Monetary Non-monetary Provide details

(d) Are there any incentives to the participant? Yes No

If yes, Monetary Non-monetary Provide details

(e) Are there any participant recruitment fees/ incentives for the study provided to the PI/ Institution?

If yes, Monetary Non-monetary Provide details

Yes No

6. BENEFITS AND RISKS

(a) i. Are there any anticipated physical/social/psychological discomforts/ risk to participants?

Yes No

If yes, categorize the level of risk⁵:

Less than Minimal risk Minimal risk

Minor increase over minimal risk or More than Minimal Risk or High Risk

Low Risk

ii. Describe the risk management strategy:

(b) What are the potential benefits from the study? Yes No If yes, Direct Indirect

For the participant

For the society/community

For improvement in science

Please describe how the benefits justify the risks

(c) Are Adverse Events expected in the study⁶? Yes No NA

Are reporting procedures and management strategies described in the study? Yes No

If Yes, Specify

7. INFORMED CONSENT

(a) Are you seeking waiver of consent? If yes, please specify reasons and skip to question 8. Yes No

(b) Version number and date of Participant Information Sheet (PIS):

Version number and date of Informed Consent Form (ICF):

(c) Type of consent planned for :

Signed consent Verbal/ oral consent Witnessed consent Audio-Video (A/V) consent

Consent from LAR (If so, specify from whom) For children<7 yrs parental/LAR consent Verbal assent from minor (7-12 yrs) along with parental consent Written Assent from Minor (13-18 yrs) along with parental consent

Other (specify)

⁵For categories of risk refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017. Page 6 in Table 2.1

⁶The term adverse events in this regard encompass both serious and non-serious adverse events.

(d) Who will obtain the informed consent?

PI/Co-I Nurse/Counselor Research Staff Other *(Specify)*

Any tools to be used

(e) Participant Information Sheet(PIS) and Informed Consent Form (ICF)

English Local language other *(specify)*
 List the languages in which translations were done

If translation has not been done, please justify

(f) Provide details of Consent requirement for previously stored samples if used in the study⁷

(g) Elements contained in the Participant Information Sheet(PIS) and Informed Consent Form (ICF)

Simple language	<input type="checkbox"/>	Data/ Sample sharing	<input type="checkbox"/>	Compensation for study related injury	<input type="checkbox"/>
Risks and discomforts	<input type="checkbox"/>	Need to recontact	<input type="checkbox"/>	Statement that consent is voluntary	<input type="checkbox"/>
Alternatives to participation	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>	Commercialization/benefit sharing	<input type="checkbox"/>
Right to withdraw	<input type="checkbox"/>	Storage of samples	<input type="checkbox"/>	Statement that study involves research	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	return of research results	<input type="checkbox"/>	Use of photographs/ identifying data	<input type="checkbox"/>
Purpose and procedure	<input type="checkbox"/>	Payment for participation	<input type="checkbox"/>	Contact information of PI and Member Secretary of EC	<input type="checkbox"/>
Others <i>(Specify)</i> <input type="checkbox"/>					

8. PAYMENT/COMPENSATION

(a) Who will bear the costs related to participation and procedures⁸?

PI Institution Sponsor Other agencies *(Specify)*

(b) Is there a provision for free treatment of research related injuries? Yes No NA
 If yes, then who will provide the treatment?

(c) Is there a provision for compensation of research related SAE? If yes, specify. Yes No NA
 Sponsor Institution/ Corpus funds Project grants Insurance

(d) Is there any provision for medical treatment or management till the relatedness is determined for injury to the participants during the study period? If yes, specify. Yes No NA

(e) Is there a provision for ancillary care for unrelated illness during the study period? If yes, please specify. Yes No NA

⁷Information on re-consent requirements can be found at National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 54 in Section 5.8

⁸Enclose undertaking from PI confirming the same

9. STORAGE AND CONFIDENTIALITY

(a) Identifying Information: Study Involves samples/data. If Yes, Specify Yes No NA

Anonymous/unidentified Anonymized: Irreversibly
reversibly coded coded

If identifiers must be retained, what additional precautions will be taken to ensure that access is limited / data is safeguarded? (e.g. data stored in a cabinet, password protected computer etc.)

(b) Who will be maintaining the data pertaining to the study?

(c) Where will the data be analyzed⁹ and by whom?

(d) For how long will the data be stored?

(e) Do you propose to use stored samples/data in future studies? Yes No Maybe

If yes, explain how you might use stored material/data in the future?

SECTION D: OTHER ISSUES

10. PUBLICATION, BENEFIT SHARING AND IPR ISSUES

(a) Will the results of the study be reported and disseminated? If yes, specify. Yes No NA

(b) Will you inform participants about the results of the study? Yes No NA

(c) Are there any arrangements for continued provision of the intervention for participants, if effective, once the study has finished? If yes describe in brief (Max 50 words) Yes No NA

(d) Is there any plan for post research benefit sharing with participants? If yes, specify

Yes No NA

(e) Is there any commercial value or a plan to patent/IPR issues. If yes, Please provide details

Yes No NA

(f) Do you have any additional information to add in support of the application, which is not included elsewhere in the form? If yes, provide the details. Yes No

⁹For example, a data entry room, a protected computer etc.

SECTION E: DECLARATION AND CHECKLIST¹⁰

11. DECLARATION (Please tick as applicable)	
<input type="checkbox"/>	I/We certify that the information provided in this application is complete and correct.
<input type="checkbox"/>	I/We confirm that all investigators have approved the submitted version of proposal/related documents.
<input type="checkbox"/>	I/We confirm that this study will be conducted in accordance with the latest ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants and other applicable regulations and guidelines including responsible.
<input type="checkbox"/>	I/We confirm that this study will be conducted in accordance with the Drugs and Cosmetics Act 1940 and its Rules 1945 as amended from time to time, GCP guidelines and other applicable regulations and guidelines.
<input type="checkbox"/>	I/We will comply with all policies and guidelines of the institute and affiliated/collaborating institutions where this study will be conducted.
<input type="checkbox"/>	I/We will ensure that personnel performing this study are qualified, appropriately trained and will adhere to the provisions of the EC approved protocol.
<input type="checkbox"/>	I/We declare that the expenditure in case of injury related to the study will be taken care of.
<input type="checkbox"/>	If applicable, I/We confirm that an undertaking of what will be done with the leftover samples is provided, if applicable.
<input type="checkbox"/>	I/We confirm that we shall submit any protocol amendments, adverse events report, significant deviations from protocols, progress reports (if required) and a final report and also participate in any audit of the study if needed.
<input type="checkbox"/>	I/We confirm that we will maintain accurate and complete records of all aspects of the study.
<input type="checkbox"/>	I/We will protect the privacy of participants and assure safety and confidentiality of study data and biological samples.
<input type="checkbox"/>	I/We hereby declare that I/any of the investigators, researchers and/or close relative(s), have no conflict of interest (Financial/Non-Financial) with the sponsor(s) and outcome of study.
<input type="checkbox"/>	I/We have the following conflict of interest (PI/Co-PI): 1. 2.
<input type="checkbox"/>	I/We declare/confirm that all necessary government approvals will be obtained as per requirements wherever applicable.

Name of PI:	Signature:	<input type="text"/>	Click here to enter a date.
Name of Co-PI:	Signature:	<input type="text"/>	Click here to enter a date.
Name of Guide:	Signature:	<input type="text"/>	Click here to enter a date.
Name of HOD:	Signature:	<input type="text"/>	Click here to enter a date.

12. CHECKLIST						
S.No	Items	Yes	No	NA	Enclosure No.	EC Remarks(If applicable)
ADMINISTRATIVE REQUIREMENTS						
1.	Cover letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Brief CV of all Investigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Good Clinical Practice (GCP) training of investigators in last 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Approval of Scientific Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	EC clearance of other centers*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Agreement between collaborating partners*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	MTA between collaborating partners*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Insurance policy/certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Evidence of external laboratory credentials in case of an externally outsourced laboratory study QA/QC certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Copy of contract or agreement signed with the sponsor or donor agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Provide all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ECs/Regulatory authorities for proposed study (whether in same location or elsewhere) and modification(s) to protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PROPOSAL RELATED						
12.	Copy of the detailed protocol ¹¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Investigators Brochure (If applicable for drug/biologicals/device trials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Participant Information Sheet(PIS) and Informed Consent Form (ICF)(English and translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Assent form for minors (12-18 years) (English and Translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Proforma/Questionnaire / Case Report Forms (CRF)/ Interview guides/ Guides for Focused Group Discussions (FGDs) (English and translated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Advertisement/material to recruit participants (fliers, posters etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PERMISSION FROM GOVERNING AUTHORITIES						
	Other Registration/ permissions	Required	Not required	Received	Applied dd/mm/yy	EC Remarks
18.	CTRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
19.	DCGI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
20.	HMSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
21.	NAC-SCRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
22.	ICSCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
23.	RCGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
24.	GEAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
25.	BARC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
26.	Tribal Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
27.	Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter date	
ANY OTHER RELEVANT INFORMATION/DOCUMENTS RELATED TO THE STUDY						
	Item	YES	NO	NA	Enclosure no.	EC remarks
28.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹⁰These formats are adaptable and can be modified by the Ethics Committee members depending on their needs and requirements Acknowledgement for Receipt of Application (Copy to be provided to PI)

*For multicentric research. MTA-Material transfer agreement; CTRI-Clinical Trial Registry-India; DCGI-Drug Controller General of India; HMSC- Health Ministry's Screening Committee; NAC-SCRT- National Apex Committee for Stem Cell Research and Therapy; IC-SCR-Institutional committee for Stem Cell Research; RCGM- Review Committee on Genetic Manipulation; GEAC- Genetic Engineering Approval Committee; BARC- Bhabha Atomic Research Centre

¹¹Refer to National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017, section 4 page no. 35 Box 4.4(b)