UI/UCH ETHICS COMMITTEE

APPLICATION FORM FOR ETHICAL APPROVAL

Title of Research Project: …….

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…….

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Principal Investigator's Name: ……..

Department……Faculty:……...

Cell Phone No: ……Extension: .....

E-mail: …….....

Area of Research (e.g. Malaria, HIV/AIDS, Hypertension, etc): …….

Study Settings: ……

Research includes the following elements *(tick as appropriate):*

1. Nature of Study

☐ Questionnaire Interviews ☐ Clinical Studies ☐ Community work

☐ Laboratory analysis ☐ Clinical Trial ☐ Pharmacokinetic study

☐ Intervention ☐ Use of existing data ☐ others, please

Specify below _____

2. Type of the Project

☐ International Projects ☐ Other academic Projects ☐ **PG:** FWACP, FNMC, MSc, MPH. PhD MPhil, FWACS

☐ Others Above MSc ☐ Others Below MSc ☐ Undergraduate

3. Mode of Funding

☐ Self Funded ☐ Nationally/Institutionally Funded ☐ Internationally Funded

Sponsor (Specify) ……..

Study Requirements

Biological Sampling required? Yes No

If yes, which samples? Blood Urine Saliva Tissue Biopsy

Others (Please Specify).....

4. Disposition of samples

Are samples going to be shipped out of Nigeria?

Yes No

5. Duration of Study: …….

Corresponding Investigator's Name: …….....

Supervisor's Name (where applicable) ……..

Contact Address:……

Phone:……

Fax:…… E-mail:…….....

Signature:…… Date:…….

DECLARATION IN SUPPORT OF APPLICATION FOR ETHICAL APPROVAL

I certify that the information provided in the study protocol is true to the best of my knowledge. I agree to undertake the research according to the ethical principles described in National Code for Health Research Ethics, relevant Federal and local laws, ICH-GCP6 guidelines (where applicable), government and institutional guidelines and regulations. I understand that the Ethics Committee will provide Ethical Approval for this protocol for a specified time period not exceeding 1 year and that continuation of the research beyond this period will require renewal of the approval. I understand that the Ethics Committee may, without prior notice, observe or cause to be observed, the research for which approval has been given in order to ensure compliance with approved protocol, suspend or terminate the conduct of this research if necessary.

Name of Investigator: ……

Signature…… Date: …….