

ETHICAL REVIEW APPLICATION FORM

This form must be attached to every proposal forwarded to PU- Ethics Review Committee

Part A (TO BE FILLED FOR EACH PROPOSAL)

Title: _____

Institution: _____

Field of Study _____

Name of Principal Investigator(s): _____

Contact phone number for Principal Investigator:

E-mail address for Principal Investigator:

Study Implementation County(s):

Expected source of funding:

Total amount of funds needed:

Declaration: I _____ (full names)

Being the principal investigator for this study declare that:

- (a) If any changes to this proposal or procedure be desired, the changes shall be requested to the PU - Ethics Review Committee and effected only after written approval by the PU - ERC
- (b) The following investigators will participate in this study and are bound by (a) above.

NOTE: THE TABLE BELOW MUST BE FILLED AND SIGNED BY CO-INVESTIGATORS BEFORE REVIEW

Name/ Institution	Telephone	Email contact	Signature

Signature _____ Date _____

(Principal Investigator)

PART B (TO BE FILLED AFTER PU – ERC APPROVAL)

Proposal number and date: _____

Yes No

This proposal

1) Has been reviewed by the PU-Ethics Review Committee

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2) Has been approved by the PU-Ethics Review Committee

Date Sign

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3) Has been deferred by the PU-Ethics Review Committee

Date Sign

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Any other information

Notes: The signed form must be submitted to PU – ERC with 2 copies of the proposal to be reviewed for submission alongside the CVs of PI and the collaborators, the layman summary and receipt of review fees.