

**HBS Medical and Dental College Islamabad**  
**Review Board/ Ethical Committee**  
**Research Proposal Form**

- Research proposal should be rational from all aspects and novel.
- Title must be coherent self-explanatory and small.
- Complete the form and along with approval from your supervisor before you submit it to the Committee.
- You must have approval from the Review Board/ Research Ethics Committee BEFORE you begin your research.
- Answer every question. If a question does not apply to your protocol, write “Not Applicable/NA”.

**TITLE OF THE PROJECT:**

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**For Ethical Committee use only:**

**Reference No.** \_\_\_\_\_

**Date received:** \_\_\_\_\_

**Review date:** \_\_\_\_\_

**Approved/ Deferred/ To be resubmitted:**

\_\_\_\_\_

**STATUS OF STUDY:** Academic: Undergraduate/ or Postgraduate:

Departmental/or Personal:

# **AUTHORS**

## **Principal Researcher**

Name:  
Designation & Affiliation:  
e-mail:

Signatures:

## **Supervisor-1**

Name:  
Designation & Affiliation:

Signatures:

## **Supervisor-2**

Name:  
Designation & Affiliation:

Signatures:

## **Co-Investigator-1**

Name:  
Designation & Affiliation:

Signatures:

## **Co-Investigator-2**

Name:  
Designation & Affiliation:

Signatures:

## **Co-Investigator-3**

Name:  
Designation & Affiliation:

Signatures:

## **Co-Investigator-4**

Name:  
Designation & Affiliation:

Signatures:

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Please add extra sheet for more investigators, if needed and **provide CVs of all investigators.**

## OBJECTIVE OF THE STUDY:

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## RATIONALE OF THE PROPOSED STUDY:

<b>Novelty of the proposal</b> (Must not be a ditto copy)	
<b>Benefit to the medical field</b>	
<b>Benefit to patient/ community</b>	

## METHODOLOGY:

<b>Study type</b>	
<b>Study duration</b>	
<b>Study settings</b>	
<b>Study population</b>	
<b>Sampling</b>	
• Sample size	
• Sampling technique	

• Inclusion criteria	
• Exclusion criteria	
Data collection technique (Please explain briefly & attach the Questionnaire or Performa involved)	
Data collection procedure	
Data entry and analysis	

## **HUMAN/ ANIMAL PARTICIPANTS**

<b>a. Human Volunteers</b>	<b>b. Human Patients</b>	<b>c. Animal</b>	<b>d. Nor Human neither Animal</b>
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a) Describe the main characteristics of participants - age range, sex, & institutional affiliation.

b) Describe the relationship between the investigator(s) and the participants (e.g. student peers, my club group, employees/employer, relatives, no relationship).

c) Will participants be compensated (Financially) for their participation? If so, how?

d) Do any of the procedures involve contact with the body (e.g.: touching, attachment of instruments, collection of specimens)? Yes/ No:

e) Does the study involve the administration of any substance/drug? Yes/ No:

## ESTIMATION OF RISKS OF PROPOSED RESEARCH

a) Is there any physical risk to participants?	YES
	NO
b) Is there any psychological risk to participants? (Might a subject feel demeaned, embarrassed, worried or upset? Could participants be fatigued or stressed?)	YES
	NO
c) Are there any risks or potential for harm to the researcher(s)?	YES
	NO

If the answer is YES, then reconsider:

Project/ Participant/ Consent of the participant.

## STEPS TO BE TAKEN TO ENSURE CONFIDENTIALITY OF DATA

a) Will the data be treated as confidential?	YES
	NO

If yes, explain the steps that will be taken to ensure confidentiality of the data (e.g. participants' names will not be recorded; participants will be referred to by initials or other code).

If no, explain why and how participants' agreement will be obtained.

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## PLAN FOR OBTAINING INFORMED CONSENT

a) Are the participants minor, physically or cognitively impaired or for other reasons not competent to consent? If so describe the alternate source of consent.	YES
	NO
b) Does the research target a specific ethnic or cultural group(s)? Please indicate which groups below.	YES
	NO
c) Do participants have the right to withdraw at any time during the research project? If no, explain below.	YES
	NO
d) Attach a description of the verbal explanation to be given to participants before they are	

asked to consent for participation.

e) Attach any consent form (see instructions).

f) What procedures will be followed for participants who wish to withdraw at any point during the study?

e.g., procedure will be stopped immediately; participants will be thanked; any questions will be addressed; participants will/will not receive the same compensation as if they had completed the procedure; data collected up to that point will/will not be destroyed.

**PERMISSION FOR OBTAINING DATA FROM HEAD OF INSTITUTION / DEPT:**

**FUNDING OF RESEARCH PROJECT:**

If the research will be funded by direct or in-kind support by any person or organization outside of the researcher, what is the source of funding and what expectations, expressed or implicit, may arise from the funding?

**How would you report your research?** Tick the appropriate one/s.

<b>Thesis/dissertation</b>	<input type="checkbox"/>	<b>Journal article/s</b>	<input type="checkbox"/>	<b>Research paper</b>	<input type="checkbox"/>
<b>Conference presentation</b>	<input type="checkbox"/>	<b>Case report</b>	<input type="checkbox"/>	<b>Other (please specify)</b>	<input type="checkbox"/>

**At completion of project how will you inform participants about study outcomes?**

e.g. explain them verbally, or send them letters with note of thanks and summary of results, etc.

# SUBMISSION OF THE APPLICATION FORM OF THE PROJECT

## Applicant acknowledgment and consent:

I, \_\_\_\_\_, the undersigned, hereby represent and warrant that I am duly authorized to submit this application and provide information about other participants of study. I swear that the information submitted in this application is correct and complete to the best of my knowledge. I hereby authorize the administration of HBS Medical and Dental College to obtain necessary information regarding this application from any source for the purpose of verifying the contents and decision to grant permission.

If my request is approved, and the research permitted, I agree to accept all liability arising from the approved research. I further absolve HBS Medical and Dental College administration of any liability associated with, or resulting from the approved research. I declare that I have understood the Policy for Conducting Ethical Research and ensure that research will be conducted accordingly.

Name:

\_\_\_\_\_  
Signatures with date

Designation & affiliation:

e-mail:

Phone:

## Supervisor's Approval (if applicable)

I \_\_\_\_\_, the undersigned, hereby certify that the protocol is complete and the research will be conducted in accordance with the Policy for Conducting Ethical Research. I covenant that I will cooperate with the HBS Ethical Committee to resolve any conflict arising from this application's approval, particularly those related to poor compliance with the Research Ethics.

Name:

\_\_\_\_\_  
Signatures with date

**Designation & affiliation:**

**e-mail:**

**Phone:**

**Please Note:**

**The approval of the ethical committee will remain valid only till the completion of the study.**

**Submission check list**

<b>1</b>	<b>Title rechecked/ rephrased carefully</b>	
<b>2</b>	<b>Informed consent form</b>	
<b>3</b>	<b>Official permission from the institution/s where study will be conducted</b>	
<b>4</b>	<b>Synopsis</b>	
<b>5</b>	<b>Questionnaire, if any</b>	
<b>6</b>	<b>References at least five from last five years</b>	
<b>7</b>	<b>How calculated the sample size &amp; which/ how stats would apply</b>	
<b>8</b>	<b>Name, institution &amp; phone number</b>	