	HITEC-Institute of Medical Sciences		
	Ethics Approval Form		
	DME-FORM-11	**ISSUE # 01**	**ISSUE DATE: 06-05-2021**

Date: / /

Please complete all parts of the form and append consent form(s), information sheets, and any other materials in support of your application.

1. Proposal Title:

Name of researcher(s)	
Contact e-mail	

Section 1:

	Question	**YES**	**NO**	**N/A**
1.	Will you describe the main experimental procedures to participants in advance so that they are informed about what to expect?			
2.	Will you tell participants that their participation is voluntary?			
3.	Will you obtain written consent for participation?			
4.	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)			
5.	If research is observational, will you ask participants for their consent to be observed?			
6.	Will you tell participants that they can withdraw from the research at any time and for any reason?			
7.	With questionnaires, will you give participants the option of omitting questions they don't want to answer?			
8.	Will you tell participants that their data will be treated with full confidentiality and if published, it will not be identifiable as theirs?			
9.	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?			

If you have ticked "NO" to any of Q1-9, please give an explanation in the box below.

Section 2:

	Question		**YES**	**NO**	**N/A**
10	Will subjects/participants be paid?				
11	Are there any invasive procedures, e.g. biopsy, venepuncture to be used?				
12	Is there any contact with potentially harmful items or substances?				
13	Are there any financial or other interests to the researcher(s) or department arising from this study?				
14	Will project involve deliberately misleading subjects/participants in any way?				
15	Is there any realistic risk of any subjects/participants experiencing either physical or psychological distress or discomfort? If yes, describe any measures to avoid/minimize harm to subjects in the box below.				
16	Is there any realistic risk of researchers experiencing either physical or psychological distress or discomfort?				
17	Will the project require approval by any other ethics committee other than the IERB?				
18	Do participants fall into any of the following special groups?	Children under 16			
		People with learning difficulties			
		Patients			
		People in custody			
		People involved in illegal activities (e.g drug taking)			
	If you answered YES to any of the above questions (10-18), explain here				

Section 3:
Please attach the following to this form if applicable:

Attachments	
The used questionnaire	Yes No NA
Written participants information sheet	Yes No NA
Written consent form	Yes No NA

Applicant's Statement:

I undertake to carry out research in accordance with the IERB ethics policy and to inform the committee of any changes to the protocol of this project.

Applicant(s)

Signed …… Print Name: ……
Date: ……

Signed …… Print Name: ……
Date: ……

Signed …… Print Name: ……
Date: ……

Signed …… Print Name: ……
Date: ……

Section 5: Statement of Ethical Approval:

Recommendation of the committees	
1. This project has been considered by the Institutional ethics research committee, Dental College, HITEC-IMS and is now:	
Approved	Rejected
Reasons for rejection:	
President Signature	Date: