

	HITEC-Institute of Medical Sciences		
	Synopsis Submission Form for IRB and ERB Approval		
	IRB-Form-01	ISSUE # 01	ISSUE DATE: 06-05-2021

Research Cell

HITEC-IMS

Proposal Submission Form

Title: _____

Researcher/Co-researcher:

1. Name, designation, department, mobile, email
2. _____
3. _____

Supervisor:

Name, designation, department, mobile, email

Researchers' contribution: (Proposing the research project, Drafting of the initial research proposal, construction of research questionnaire, data collection, data analysis, literature search, manuscript writing, any other)

1. _____

2 _____

3. _____

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1. Introduction:

- a. Brief review:
- b. Previous related studies:
- c. Rationale of the study:

2. Objective(s) of the Study:

3. Hypothesis:

4. Operational Definitions:

5. Methodology:

- a. Study Design:
- b. Study setting:
- c. Study duration:
- d. Study population
 - i. Brief explanation of subjects (e.g. age range, sex)
 - ii. Inclusion/Exclusion Criteria
- e. Informed written/verbal consent:
- f. Sample Size:
- g. Sampling technique:
- h. Data collection procedure: Proforma/the Data collection form/the questionnaire should be attached with the synopsis as Annexure A
- i. Statistical analysis:

6. Ethical Consideration: (Consent form should be attached with the synopsis as Annexure B).

Fill in the following points

- Study will be performed on human subjects or animal subjects
- Written informed consent obtained: Yes _____ No _____
- Confidentiality & privacy of the participants will be maintained: Yes _____ No _____
- Any known/potential risks to the participants: Yes _____ No _____
 - If yes, then mention nature and degree of risk/adverse effects: _____
 - How these will be managed? who will bear the cost?

- Any monetary benefit will be given to the participant (for medication, test or investigation done): Yes _____ No _____

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- If Yes give brief detail: _____

7. The relevance and expected outcome/impact of the proposed study?

8. Collaborating Labs/Department (if any):

9. Conflict of interest:

10. Estimated Budget:

11. Funding Source:

12. Total number of references _____ . How many are older than 5 years?
 (preferably >80% should be within 5 years) _____

13. List of References:

Name of focal Person: _____

Date: _____

Name of Head of the Department: _____

Date: _____



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**Institutional Review Board
Synopsis Submission Form**

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