

**Office of Research, Innovation and Commercialization (ORIC)**

**Institutional Human Ethics Committee (IHEC)**

**Application Form for Approval**

**of a Project Involving Interaction with Humans**

**Applicant Detail**

|  |  |
| --- | --- |
| 1. Principal Investigator:
 | [Insert Name Here] |
| 1. Co-Investigators:
 | [Insert Names Here] |
| 1. Date of Application:
 | [Insert Date Here] |
| 1. Project Title:
 | [Provide a brief description of the project and its objectives] |

# Background and Rationale

[Provide a brief explanation of the background and rationale for the research, including any relevant literature or previous research that has been conducted in the area; include area of gap, problem statement, and aim of the project]

# Objectives

[Provide a clear and concise statement of the objectives of the research; include specific objectives]

# Participants

## Inclusion Criteria

[Describe the criteria that will be used to identify and recruit participants for the study; include any inclusion criteria mandatory to be met]

## Exclusion Criteria

[Describe any exclusion criteria that will be used to exclude potential participants from the study; do not list only opposites/inverse to the inclusion criteria]

## Recruitment Strategies

[Describe the methods that will be used to recruit participants for the study; include any advertisements or other means of communication. While the template includes a brief mention of recruitment strategies, it may be helpful to provide more detail on how participants will be recruited, such as where and how advertisements will be posted or who will be responsible for approaching potential participants]

# Procedures

## 4.1 Data Collection

[Describe the methods that will be used to collect data from participants; include any questionnaires, clinical procedures, clinical observation sheets, interviews, observations, or any other measures]

## Data Management

[Describe how the data will be managed; include any storage or security procedures along with the number and names of people having access to the data. If the study involves sharing data with other researchers or institutions, it may be important to include details on how this will be done and how participant privacy and confidentiality will be protected in the process]

## Data Analysis

[Describe the methods that will be used to analyze the data; include any statistical procedures or other analytical techniques]

# Ethical Considerations

## Informed Consent

[Describe the process that will be used to obtain informed consent from participants; include any information that will be provided to participants about the study]

## Privacy and Confidentiality

[Describe how the privacy and confidentiality of participants will be protected; referring to point 4.2, include any measures that will be taken to ensure that participant data remains confidential]

## Risk Assessment

[Describe the potential risks associated with participating in the study; include any physical, psychological, social, or economic risks that are even minutely hinted in literature. In addition to privacy and confidentiality, it's important to address other measures that will be taken to protect participants. This could include any steps taken to minimize physical or psychological harm, such as providing counseling services or medical treatment if necessary. Kindly answer the question asked at the bottom of this section]

Will you be working on or with blood or tissue of human? YES/NO

**Note:** If answer to the question above is YES, please apply Biosafety Ethics Clearance along with this application. Both the applications will be processed simultaneously. Application can be downloaded from ORIC IUB downloads.

## Cultural Sensitivity

[Describe how cultural sensitivity will be addressed if the study involves participants from different cultures or ethnic groups; it may be important to include information on barriers such as providing translations of consent forms or hiring research staff who are fluent in the language and culture of the participants]

## Benefit Assessment

[Describe the potential benefits associated with participating in the study; include any potential benefits to the individual participants or to society as a whole]

## Participant Withdrawal

[Describe the process that will be used to allow participants to withdraw from the study at any time, without penalty and/or legal binding]

## Debriefing

[Describe how participants will be debriefed about the study; include any information that will be provided to participants after the study is complete]

## Reporting Requirements

[Describe what reporting requirements must be followed after the study is complete, such as submitting a final report to an institutional review board or publishing results in a specific journal, community, board, working group or committee]

# Project Outcome

[Describe the expected outcome of the project, including any potential benefits or risks that may result from the research. This section should be written in plain language and avoid using technical jargon as much as possible. If the outcome of the project is uncertain, this should be stated explicitly]

# Funding and Conflict of Interest

[Indicate any funding sources for the research; include any conflicts of interest that already exist or may arise during the course of study, and the rectification strategy for such conflict; the template briefly mentions conflicts of interest, but it may be helpful to provide more detail on what constitutes a conflict of interest and how these conflicts will be managed or disclosed]

By signing below, I confirm that I have read and understood the contents of this ethical clearance form and agree to abide by the principles outlined therein.

# DECLARATION BY PRINCIPAL INVESTIGATOR / COORDINATOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Co-Investigator Signature (s) Date

# Forwarded by

 Name :

 Department :

Signature :

 Date :

# CERTIFICATION OF THE IHEC (Authorized Representative)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Prof. Dr. Muhammad Atif** | ChairmanDepartment of Pharmacy Practice | Chair/Convener |

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| --- | --- | --- |
| Signature | : |  |

|  |  |  |
| --- | --- | --- |
| Date | : |  |

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| --- | --- | --- | --- |
| 2. | **Prof. Dr. Fiaz-ud-Din Ahmad** | PrincipalSir Sadiq Muhammad Khan Post-Graduate Medical College | Member |

|  |  |  |
| --- | --- | --- |
| Signature | : |  |

|  |  |  |
| --- | --- | --- |
| Date | : |  |

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| 3. | **Mr. Farhan Mukhtar** | PrincipalUniversity College of Nursing | Member/Secretary |

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| --- | --- | --- |
| Signature | : |  |

|  |  |  |
| --- | --- | --- |
| Date | : |  |

# Committee Chairman (IHEC)

 Name : Prof. Dr. Muhammad Atif

Comments :

 Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date :