

## Investigator Application Form

1. Name of Researcher: .....

2. Name of Institution/ Department: .....

3. Address of Researcher: .....

.....

a. email: : .....

b. Phone number: .....

c. Fax number: .....

4. Name(s) of Co-Investigator(s) .....

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5. Grade of Protocol

MD

MS

PhD

Other

Domestic

Mult-Centre

International

6. Title of the research .....

.....

7. Type of research (check all that apply):

Drug trial:

Surgical Techniques:

Invasive Techniques:

Devise Study:

Survey Study:

Blood sampling:

Review of records:

8. Subjects of research:

Children (< 18 years)

Adults ( $\geq$  18 years)

Vulnerable groups: Yes:  No:

If yes, please describe: .....

.....

.....

9. Request is being made to waive informed consent: Yes:  No:

If yes, please explain why: .....

10. The research is for the good of society: Yes:

No:

11. Study Design (check all that apply):

a. Phase Type: I:  II:  III:  IV:

b. Randomization: Yes:  No:

c. Placebo: Yes:  No:

d. Genetic sampling Yes:  No:

e. Other \_\_\_\_\_

12. Facilities for the research are available: Yes:  No:

13. List the risks of the study: .....

14. List the potential benefits, if any, to the subjects:

15. Are the risks reasonable to the potential direct benefits to the subjects, if any, or to the knowledge to be gained? Yes:  No:

16. Privacy & confidentiality of subjects are assured Yes:  No:

17. It is clearly stated that the subject of the research could quit at anytime without penalty or loss of any benefits to which they would otherwise be entitled: Yes:  No:

\_\_\_\_\_  
Signature of Principal investigator

\_\_\_\_\_  
Date