

Ministry of Higher Education and Scientific Research

Koya University



Research/Project Ethics Form

College:	
Department:	
Code No.:	

The Ethics protocol is also known as “The Application for Ethics Approval” is comprised of five sections:

Section 1: Contact details and the title of the project.

Section 2: Project details

Section 3: Ethics consideration

Section 4: Declaration

Section 5: Approval (this part is related to the Ethic committee)

Complete only the first four sections and submit 2 copies to the following email address of ethics committee:

Email:

Section 1: Contact details and the title of the research/project.

Study title:

Study type: ☐ Thesis /Dissertation (Postgraduate study)

☐ Research/Article

1. Principle investigator*:

**Principle investigator should act as a corresponding author; he/she has the rights for discussion and follows up of his/her submission of the study. The following information is obligatory:*

Scientific title:	Name:		
Qualification:		Affiliation:	
Phone:		Email:	

2. If a student:

Name of your course of study:			
Name of supervisor:		Affiliation:	
Phone:		Email:	

3. Co-Investigator (s):

Title:	Name:		
Qualification:		Affiliation:	
Phone:		Email:	

Title:	Name:		
Qualification:		Affiliation:	
Phone:		Email:	

Title:	Name:		
Qualification:		Affiliation:	
Phone:		Email:	

4. Funding of the research/project (the organization by which the study is carried out):

Please tick the following accordingly.

<input type="checkbox"/> Funded	Agency:
	Submission dates:
<input type="checkbox"/> Applied for funding	Agency:
	Submission date:
<input type="checkbox"/> Unfunded	

Section 2: Project details

1. Aims of the research/project:	
2. Objectives of the research/project: <ul style="list-style-type: none">•••••	
3. Background/Justification of the research/project:	

4. Duration and location of the research/project: <i>Timing and the place where the study carried out should be written clearly.</i>
5. Research/project Design/Materials and Methods (subjects, data collection & analysis)

6. Type of questionnaire <input type="checkbox"/> Questionnaires requesting intimate personal, identifying, or sensitive information <input type="checkbox"/> Internet questionnaires <input type="checkbox"/> Face to face interviews which do not request personal or sensitive information <input type="checkbox"/> Face to face interviews which request personal or sensitive information <input type="checkbox"/> Access to medical records or records which contain intimate personal information, and are individually identifiable and are not publicly available <input type="checkbox"/> Focus groups <input type="checkbox"/> Others	
7. Details of the study subjects (Sample): <input type="checkbox"/> Healthy adult > 18 years old <input type="checkbox"/> Healthy children or young people < 18 <input type="checkbox"/> Patients of a hospital or clinic <input type="checkbox"/> Prisoners or people in the custody of correctional services <input type="checkbox"/> Patients sample different ages <input type="checkbox"/> Animal Sample <input type="checkbox"/> Other (please specify)	
8. Is research/project a randomized trial?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, please provide details: <input type="checkbox"/> Controlled <input type="checkbox"/> Non-controlled
9. Does the research/project include collection of any biological samples?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, please provide details(collection, saving, the way of analysis and their disposal). Biological samples (human pathogenic bacteria and antibiotic which used in treatment):
10. Does the research/project have any adverse effect on the human health or/ Environment?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, please provide details

Section 3: Ethics consideration

1. Does the research/project involve any artifacts that are of cultural, spiritual or religious significance to participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the research/project involve an unusually dependent relationship between the researcher and any of the research participants? (For example inclusion of patients' clinic).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Could the research/project place research participants in an unusually vulnerable situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there any potential risk (physical, emotional, social or legal) to individual participants' wellbeing, beyond that normally encountered in everyday life, as a result of their involvement in the research/project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the research/project involve the administration or application of a drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there any reasonable likelihood that the research/project will result in the reporting of suspected participants abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there any potential risk to the researcher's safety, beyond that normally encountered in everyday life, as a result of their involvement in the research/project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the study known to involve research/project into illegal activities and / or legal implications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there any conflicts of interest/dual roles? <i>If yes, please describe any dual-roles that may impact or may be perceived as impacting the research. Describe any preceding, current or anticipated relationship between the researcher(s) and those individuals/groups being researched.</i> <div style="border: 1px solid black; height: 40px; width: 500px; margin-top: 10px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Consent (the submission should be specific about the following)

a. Will consent be given in written or verbal form?	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
b. How will research participants be given information about the research/project?	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
c. Time allowed for research participants to decide to participate in the research/project?	Hour(s) Minute (s)
d. Will research/project participants be informed of their right to withdraw from the research/project at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Declaration

☐ To the best of my knowledge and belief, the information supplied is accurate.

☐ I/we confirm I/we have obtained permission to undertake this research from my/our supervisor and the scientific committee of the department. (*Note that the application should be reviewed by your supervisor to resolve any methodological problems*).

☐ I understand that I may be invited to explain my/our research protocol (proposal) to the Committee, either in person or by email.

☐ I understand that the Ethics Committee gives Ethical Approval only and does not guarantee the quality or scientific validity of my/our research.

Signature of Principle investigator(s):

Date:

Signature of supervisor (if applicable):

Date:

Section 5: Approval

<input type="checkbox"/> Approved	<input type="checkbox"/> Need minor amendment
<input type="checkbox"/> Need major amendments	<input type="checkbox"/> Not approved
Note:	

Name & Signature

Member

Name & Signature

Member

Name & Signature

Member

Name & Signature

Member

Name & Signature

Head of the Ethics Committee