

Research Ethics – Approval Form

For Research in Human Subject only

Form ORIC-UOS-4-A

Instructions:

1. Only type in the gray area by clicking the cursor there
2. Try to write precisely
3. Handwritten forms will not be entertained
4. After completion, convert the form into PDF for onward transmission
5. Share the form with ORIC at least 15 days for any proceedings
6. The detailed policy guide is available at following link: https://uos.edu.pk/upload/downloads/Research%20Ethic%20Policy%20of%20University%20of%20Sargodha\_1715078604.pdf
7. E-mail the pdf copy of the form on [oric.erb@uos.edu.pk](mailto:oric.erb@uos.edu.pk), from your official account.

|  |  |  |
| --- | --- | --- |
| 1. | Title of Research |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. | Project: |  |  | Dissertation |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | Name of PI/Supervisior: |  | 4. Department |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5. | Name of Student: | If Dissertation | | | |
|  |  |  | | | |
| 6. | Human Subject: | Write the number of humans participated | | | |
|  |  |  | | | |
| 7. | Criteria: | I. Inclusive: |  | | |
|  | | | | | |
|  |  | II. Exclusive: |  | | |
|  |  |  | | | |
| 7. | Drug | I. Sigle: |  | II. Contrast: |  |
|  | | | | | |
| 8. | Root of Drug Adminstration | I. Tropical: |  | II. Oral: |  |
|  | | | |
| III. Injectable: |  | IV. Frequency & Duration |  |
|  | | | | | |
| 9 | Drug Information: | Please mention both generic and trade name | | | |
|  | | | | | |
| 10. | Sample Collection Facilities | Please mention the name of medical facility where sample will be collected or where the human subject will be under observation during drug dosage | | | |
|  | | | | | |
| 11. | Dispose off Methods | Leftovers like blood, sample tissus, syringes, needles, disposibles (glassware and equipments) etc. | | | |
|  |  |  | | | |
| 12. | Physician | Please mention the name of Physician who supervise the processes of drug root and sample collection | | | |
|  | | | | | |
| 13. | Medical Insurrance | Please mention the provision of coverage for medical risks during the study period | | | |
|  | | | | | |
| 14. | Finances: | I. Budget Amount |  | II. Funding Agency |  |
|  | | | | | |
| 15. | Confidentiality of Subject: |  | | | |

Check List:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Attachments | Yes |  | No |
|  |  |  |  |  |
| 1. | Synopsis |  |  |  |
|  |  |  |  |  |
| 2. | Consent form contaning the information about the rights of the human subject (participent) in the language that the participants know and understand (generally in Urdu) |  |  |  |
|  |  |  |  |  |
| 3. | Urdu version of questionnaire |  |  |  |
|  |  |  |  |  |
| 4. | Approval Departmental Board of Study |  |  |  |
|  | | | | |
| 5. | Consent letter by Physician |  |  |  |
|  | | | | |
| 6. | Others |  |  |  |

**Declaration by the Investigator / PI / Student**

I certify that this project will confirm with the legislation and the research ethic policy of University of Sargodha. I accept responcibiliy for the conduct of all procedures detailed in this application.

Signature: -------------------- Date:-----------------

**Declaration by the Supervisor** (In case of research deseretation)

I have read this application and satisfied about technical justifications provided in this application.

Sign of Supervisor: -------------------- Date: -----------------

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Date of Submission: --------------------

Remarks: