

**RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY
THIRUVANATHAPURAM**

**Submission Form To Be Filled By The Principal Investigator (PI) For
Submission To Human Ethics Committee (IEC)
(For Attachment To Each Copy Of The Proposal)**

*All columns and questions must be filled in. “ not applicable” may be written if
necessary. Incomplete applications will not be accepted*

RGCB-IEC No. Date of receipt

Proposal Title:

	Name, Designation & Qualifications	Address Tel & Fax Nos. Email ID	Signature
PI			
Collaborators			

Please attach detailed Curriculum Vitae of all Investigators (with subject specific publications limited to previous 5 years).

Tick appropriately

Sponsor Information :			
1. Indian	a) Government	<input type="checkbox"/>	Central <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/>
	b) Private	<input type="checkbox"/>	
2. International	Government	<input type="checkbox"/>	Private <input type="checkbox"/> UN agencies <input type="checkbox"/>
3. Industry	National	<input type="checkbox"/>	Multinational <input type="checkbox"/>
Contact Address of Sponsor:			

Total Budget :

1.Type of Study : Epidemiological <input type="checkbox"/> Basic Sciences <input type="checkbox"/> Animal studies <input type="checkbox"/> Clinical: Single center <input type="checkbox"/> Multicentric <input type="checkbox"/> Behavioral <input type="checkbox"/>

2. Status of Review: New <input type="checkbox"/> Revised <input type="checkbox"/>

3. Clinical Trials: Drug /Vaccines/Device/Herbal Remedies :		
i. Does the study involve use of :	Drug <input type="checkbox"/>	Devices <input type="checkbox"/>
	Vaccines <input type="checkbox"/>	
	Indian Systems of Medicine/ Alternate System of Medicine <input type="checkbox"/>	Any other <input type="checkbox"/>
	NA <input type="checkbox"/>	

ii. Is it approved and marketed	In India <input type="checkbox"/>	UK & Europe <input type="checkbox"/>	USA <input type="checkbox"/>
	Other countries, specify <input type="checkbox"/>		

iii. Does it involve a change in use, dosage, route of administration?	Yes	No
If yes, whether DCGI's /Any other Regulatory authority's Permission is obtained?	Yes	No
If yes, Date of permission :		

iv. Is it an Investigational New Drug? If yes, IND No:	Yes	No
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a). Investigator's Brochure submitted	Yes	No
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b). <i>In vitro</i> studies data	Yes	No
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c). Preclinical Studies done	Yes	No
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d). Clinical Study is : Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV <input type="checkbox"/>		
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e). Are you aware if this study/similar study is being done elsewhere ? If Yes, attach details	Yes	No
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4. Brief description of the proposal – Introduction, review of literature, aim(s) & objectives, justification for study, methodology describing the potential risks & benefits, outcome measures, statistical analysis and whether it is of national significance with rationale (Attach sheet with maximum 500 words):			
5. Subject selection:			
i.	Number of Subjects :		
ii.	Duration of study :		
iii.	Will subjects from both sexes be recruited	Yes	No
iv.	Inclusion / exclusion criteria given	Yes	No
v.	Type of subjects	Volunteers <input type="checkbox"/>	Patients <input type="checkbox"/>
vi.	Vulnerable subjects (Tick the appropriate boxes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	pregnant women <input type="checkbox"/>	children <input type="checkbox"/>	elderly <input type="checkbox"/>
	fetus <input type="checkbox"/>	illiterate <input type="checkbox"/>	handicapped <input type="checkbox"/>
	terminally ill <input type="checkbox"/>	seriously ill <input type="checkbox"/>	mentally challenged <input type="checkbox"/>
	economically & socially backward <input type="checkbox"/>	any other <input type="checkbox"/>	
vii.	Special group subjects (Tick the appropriate boxes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	captives <input type="checkbox"/>	institutionalized <input type="checkbox"/>	employees <input type="checkbox"/>
	students <input type="checkbox"/>	nurses/dependent <input type="checkbox"/>	armed <input type="checkbox"/>
	any other <input type="checkbox"/>	staff <input type="checkbox"/>	forces <input type="checkbox"/>
6. Privacy and confidentiality			
i.	Study involves -	Direct Identifiers <input type="checkbox"/>	
		Indirect Identifiers/coded <input type="checkbox"/>	
		Completely anonymised/ delinked <input type="checkbox"/>	
ii.	Confidential handling of data by staff	Yes	No
7. Use of biological/ hazardous materials			
i.	Use of fetal tissue or abortus	Yes	No
ii.	Use of organs or body fluids	Yes	No
iii.	Use of recombinant/gene therapy	Yes	No
	If yes, has Department of Biotechnology (DBT) approval for rDNA products been obtained?	Yes	No
iv.	Use of pre-existing/stored/left over samples	Yes	No
v.	Collection for banking/future research	Yes	No

vi. Use of ionising radiation/radioisotopes	Yes	No	
If yes, has Bhaba Atomic Research Centre (BARC) approval for Radioactive Isotopes been obtained?	Yes	No	
vii. Use of Infectious/biohazardous specimens	Yes	No	
viii. Proper disposal of material	Yes	No	
ix. Will any sample collected from the patients be sent abroad ? If Yes, justify with details of collaborators	Yes	No	
a) Is the proposal being submitted for clearance from Health Ministry's Screening Committee (HMSC) for International collaboration?	Yes	No	
b) Sample will be sent abroad because (Tick appropriate box):			
<p style="text-align: center;"> Facility not available in India <input type="checkbox"/> Facility in India inaccessible <input type="checkbox"/> Facility available but not being accessed <input type="checkbox"/> If so, reasons... </p>			
8. Consent : *Written <input type="checkbox"/> Oral <input type="checkbox"/> Audio-visual <input type="checkbox"/> i. Consent form : (tick the included elements)			
Understandable language	<input type="checkbox"/>	Alternatives to participation	<input type="checkbox"/>
Statement that study involves research	<input type="checkbox"/>	Confidentiality of records	<input type="checkbox"/>
Sponsor of study	<input type="checkbox"/>	Contact information	<input type="checkbox"/>
Purpose and procedures	<input type="checkbox"/>	Statement that consent is voluntary	<input type="checkbox"/>
Risks & Discomforts	<input type="checkbox"/>	Right to withdraw	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	Consent for future use of biological material	<input type="checkbox"/>
Compensation for participation	<input type="checkbox"/>	Benefits if any on future commercialization	<input type="checkbox"/>
Compensation for study related injury	<input type="checkbox"/>	eg. genetic basis for drug development	<input type="checkbox"/>
*If written consent is not obtained, give reasons:			
ii. Who will obtain consent ?			
PI/Co-PI	<input type="checkbox"/>	Nurse/Counsellor	<input type="checkbox"/>
Research staff	<input type="checkbox"/>	Any other	<input type="checkbox"/>
9. Will any advertising be done for recruitment of Subjects ? (posters, flyers, brochure, websites – if so kindly attach a copy)	Yes	No	
10. Risks & Benefits: i. Is the risk reasonable compared to the anticipated benefits to subjects / community / country?	Yes	No	

ii. Is there physical / social / psychological risk / discomfort? If Yes, Minimal or no risk <input type="checkbox"/> More than minimum risk <input type="checkbox"/> High risk <input type="checkbox"/>	Yes	No
iii. Is there a benefit a) to the subject ? Direct <input type="checkbox"/> Indirect <input type="checkbox"/> b) Benefit to society <input type="checkbox"/>		
11. Data Monitoring i. Is there a data & safety monitoring committee/ Board (DSMB)?	Yes	No
ii. Is there a plan for reporting of adverse events ? If Yes, reporting is done to : Sponsor <input type="checkbox"/> Ethics Committee <input type="checkbox"/> DSMB <input type="checkbox"/>	Yes	No
iii. Is there a plan for interim analysis of data?	Yes	No
vi. Are there plans for storage and maintenance of all trial database? If Yes, for how long ?	Yes	No
12. Is there compensation for participation? If Yes, Monetary <input type="checkbox"/> In kind <input type="checkbox"/> Specify amount and type:	Yes	No
13. Is there compensation for injury? If Yes, by Sponsor <input type="checkbox"/> by Investigator <input type="checkbox"/> by insurance <input type="checkbox"/> by any other company <input type="checkbox"/>	Yes	No
14. Do you have conflict of interest? (financial/nonfinancial) If Yes, specify :	Yes	No
Checklist for attached documents:		
Project proposal – <input type="checkbox"/>		
Curriculum Vitae of Investigators <input type="checkbox"/>		
Brief description of proposal <input type="checkbox"/>		
Patient information sheet <input type="checkbox"/>		
Informed Consent form <input type="checkbox"/>		
Investigator’s brochure for recruiting subjects <input type="checkbox"/>		
Copy of advertisements/Information brochures <input type="checkbox"/>		
Copy of clinical trial protocol and/or questionnaire <input type="checkbox"/>		
Institutional Ethics Committee clearance <input type="checkbox"/>		
Institutional Animal Ethics Committee clearance <input type="checkbox"/>		
CPCSEA clearance, if any <input type="checkbox"/>		
HMSC/DCGI/DBT/BARC clearance if obtained <input type="checkbox"/>		

Place:
Date:

Signature & Designation of PI/Co-PI/Collaborator