Clinical Trial Research Ethics Approval Form

Study Title

Principal Investigator Name

Principal Investigator Email

Institution / Organization

Department

Study Start Date

Study End Date

Study Overview / Rationale

Study Objectives

Study Design / Methods

Participant Inclusion Criteria

Participant Exclusion Criteria

Estimated Number of Participants

Informed Consent Process Description

Risk Assessment and Mitigation

Data Management and Confidentiality

Funding Source

Additional Ethical Considerations

Attach Relevant Documents (Protocol, Consent Forms, etc.)

Choose File No file selected