

# Biomedical Research Ethics Approval Form

## Project Information

Project Title

Principal Investigator (Name & Affiliation)

Email

Phone

Co-Investigators (Names & Affiliations)

## Research Details

Study Objectives

Summary of Research Procedures

Study Duration

Location(s) of Study

# Participants

Number of Participants

Inclusion Criteria

Exclusion Criteria

# Ethical Considerations

Potential Risks to Participants

Potential Benefits to Participants

Confidentiality Measures

Informed Consent Process

# Additional Information

Funding Source

Other Relevant Details

Declarations

☐ I confirm that the information provided is accurate, and the research will adhere to ethical guidelines.

Date

Principal Investigator Signature