

Epidemiological Study Ethics Committee Approval Form

1. Study Information

Study Title

Study Objective

Principal Investigator Name

Institution

Contact Information

2. Study Design

Study Design

Study Duration

Study Location(s)

3. Participants

Target Population

Sample Size

Inclusion Criteria

Exclusion Criteria

4. Ethical Considerations

Informed Consent Process

Assessment of Risks and Benefits

Data Confidentiality Measures

5. Investigator/Team Members

Name	Role	Contact Information

6. Declaration

I,

hereby declare that all information provided in this form is accurate and complete.

Date

7. Ethics Committee Use Only

Review Comments

Approval Status

Reviewer Signature

Date