

# Clinical Trial Research Ethics Approval Request Form

## 1. Study Information

Title of Study

Protocol Number

Date of Submission

Study Summary

## 2. Principal Investigator (PI) Details

Name

Affiliation

Email

Phone

## 3. Co-Investigators

Names and Affiliations

## 4. Study Site(s)

Name(s) and Location(s)

## 5. Funding Source

Source of Funding

## 6. Ethical Considerations

Potential Risks to Participants

Potential Benefits to Participants

Informed Consent Procedures

## 7. Additional Comments

Comments