

Public Health Ethics Approval Form

Project Information

Project Title

Date

Principal Investigator

Institution/Organization

Email

Phone

Project Details

Summary of the Project

Objectives

Study Design/Methodology

Population and Sampling

Ethical Considerations

Risks and Benefits

Confidentiality

Consent Procedures

Data Protection

Conflict of Interest

Attachments

Upload Documents (Protocol, Consent Forms, etc.)

Choose File

No file selected

Declarations

☐

I declare that the information provided is accurate to the best of my knowledge.