

Biomedical Research Ethical Approval Application Form

1. Project Information

Title of Research Project

Principal Investigator Name

Affiliation/Department

Contact Email

Contact Phone

Co-Investigators (if any)

2. Project Details

Research Summary

Objectives

Research Design/Methods

Study Location(s)

Duration of Study

3. Participants

Target Population

Estimated Number of Participants

Participant Inclusion Criteria

Participant Exclusion Criteria

4. Ethical Considerations

Potential Risks to Participants

Potential Benefits

How will informed consent be obtained?

Will participant confidentiality be ensured?

- ☐ Yes
☐ No

If yes, describe how:

5. Data Handling and Privacy

How will data be collected, stored, and protected?

Who will have access to the data?

6. Funding and Conflict of Interest

Source of Funding (if any)

Any potential conflict of interest?

- ☐ Yes
☐ No

If yes, provide details:

7. Attachments

- ☐ Study Protocol
☐ Sample Informed Consent
☐ Questionnaires/Surveys
☐ Other

8. Declaration

Date

Principal Investigator Signature

