

Clinical Trial Ethics Approval Application Form

1. Study Information

Study Title

Protocol Number

Principal Investigator Name

Institution / Organization

Contact Email

Contact Phone

2. Study Overview

Study Objectives

Study Design

Study Duration

Study Location(s)

3. Participants

Target Population

Estimated Number of Participants

Inclusion Criteria

Exclusion Criteria

4. Ethical Considerations

Potential Risks

Potential Benefits

Informed Consent Process

Confidentiality Measures

5. Additional Documentation

Attach Study Protocol

Choose File

No file selected

Attach Informed Consent Form

Choose File

No file selected

Attach Other Supporting Documents

Choose File

No file selected

6. Declarations

☐

I confirm that the information provided is accurate and complete.

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I agree to comply with relevant regulatory and ethical guidelines.