

Research Application Form

Guidelines for submitting the Application form for REC review:

- 1 All applications should be submitted 30 days prior to REC meeting or as required by institutional REC.
- 2 Ensure to submit all the original documents with signatures along with the electronic copy as per the checklist.
- 3 Applications will be reviewed and checked for their completeness by the Research Coordinator prior to their acceptance to be reviewed
- 4 Incomplete applications will be returned to the applicant
- 5 Principal Investigator may be called to the meeting to discuss their proposals if needed
- 6 Applicants will be notified in writing as early as possible of the committee's decision with appropriate explanation.
- 7 After getting the approval and the study initiation, applicant must submit the below documents to the committee:
 - a) Progress Reports
 - b) Adverse Events Reports
 - c) Protocol violations and deviations
 - d) Early Termination Notification
 - e) Any amendments to the protocol and ICF
 - f) Annual Reports
 - g) End of Study Reports within 90 days
- 8 **Mailing address for application**
Ethics and Research Committee, Academic Affairs Institute
1st Floor Tower D, Sheikh Shakhbout Medical City
Abu Dhabi, United Arab Emirates
PO Box 2951

This section is to be completed by REC.

Research Proposal Number

Date Received

Primary Reviewer			
Date Reviewed			
Date of Committee Review			
Decision	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Pending <input type="checkbox"/>

Yes No

If yes,

a) Is the code for unblinding in case of emergency available at both the investigator (e.g hospital) and sponsor sites?

Yes No

14. Confidentiality

A. How confidentiality and/or anonymity are assured?

Data collected is collected and stored in a secure environment. It will not be shared online with any public platforms. Release of information will be done only after approval from IRB.

B. How is the privacy of subjects protected?

All protected health information is removed from data

C. Will research data (written or otherwise recorded) be destroyed at the end of the study? If not, where and in what format and for how long will they be stored?

Data will be stored as soft copy and returned to center of study. It will be stored in SSMC hematology/oncology file server which can be utilized for further studies.

D. Do you and/or any other investigators associated with the project described in this application have, or appear to have, any actual or potential conflict of interest with respect to this research?

Yes No

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15. Informed Consent

A. Do subjects sign a written consent form and receive a copy for their records? If not, do they receive an information sheet that provides what they need to know before deciding to participate?

Not indicated

17. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE:

I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with policy. Terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Name & Signature of the Chief of the Department	<i>Ashish Chintakuntlawar</i>	Date	9/1/2023
Name & Signature of the Investigator:	<i>[Signature]</i>	Date	09/01/2023

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Supervisor SIGNATURE:	DATE: