



# Katihar Medical College, Katihar

Affiliated to B.N Mandal University, Madhepura, Recognised by the Medical Council of India and the Ministry of Health & Family Welfare, Govt. of India.

**KARIM BAGH, POST BOX-23, KATI HAR – 854 105 (BIHAR) INDIA**

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**Form to be filled by the Principal Investigator (PI) for submission to  
Institutional Ethics Committee (IEC)**  
(for attachment to each copy of the proposal)

Serial No of IEC  
Management Office:

Proposal Title:

	Name, Designation & Qualifications	Address Tel & Fax Nos. Email ID	Signature
PI			
Co-PI / Collaborators			
1.			
2.			
3.			
<b>Please attach detailed Curriculum Vitae of all Investigators (with subject specific publications limited to previous 5 years).</b>			

**Tick appropriately**

<b>Sponsor Information :</b>			
1. Indian	a) Government	<input type="checkbox"/>	Central <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/>
	b) Private	<input type="checkbox"/>	
2. International	Government	<input type="checkbox"/>	Private <input type="checkbox"/> UN agencies <input type="checkbox"/>
3. Industry	National	<input type="checkbox"/>	Multinational <input type="checkbox"/>
<b>Contact Address of Sponsor:</b>			
<b>Total Budget:</b>			

<b>1.Type of Study :</b>		
Epidemiological	<input type="checkbox"/>	Basic Sciences <input type="checkbox"/> Animal studies <input type="checkbox"/>
Clinical: Single center	<input type="checkbox"/>	Multicentric <input type="checkbox"/> Behavioral <input type="checkbox"/>
<b>2. Status of Review:</b>		
New	<input type="checkbox"/>	Revised <input type="checkbox"/>
<b>3. Clinical Trials:</b>		
<b>Drug /Vaccines/Device/Herbal Remedies :</b>		
i. Does the study involve use of :		
Drug	<input type="checkbox"/>	Devices <input type="checkbox"/> Vaccines <input type="checkbox"/>
Indian Systems of Medicine/ Alternate System of Medicine	<input type="checkbox"/>	Any other <input type="checkbox"/> NA <input type="checkbox"/>
ii. Is it approved and marketed		
In India	<input type="checkbox"/>	UK & Europe <input type="checkbox"/> USA <input type="checkbox"/>
		Other countries, specify <input type="checkbox"/>
iii. Does it involve a change in use, dosage, route of administration?	Yes	No
If yes, whether DCGI's /Any other Regulatory authority's Permission is obtained?	Yes	No
If yes, Date of permission :		
iv. Is it an Investigational New Drug?	Yes	No
If yes, IND No:		
a). Investigator's Brochure submitted	Yes	No
b). <i>In vitro</i> studies data	Yes	No
c). Preclinical Studies done	Yes	No
d). Clinical Study is : Phase I	<input type="checkbox"/>	Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV <input type="checkbox"/>
e). Are you aware if this study/similar study is being done elsewhere ?	Yes	No
If Yes, attach details		

<b>4. Brief description of the proposal</b> – Introduction, review of literature, aim(s) & objectives, justification for study, methodology describing the potential risks & benefits, outcome measures, statistical analysis and whether it is of national significance with rationale (Attach sheet with maximum 500 words):			
<b>5. Subject selection:</b>			
i.	Number of Subjects	:	
ii.	Duration of study	:	
iii.	Will subjects from both sexes be recruited		Yes No
iv.	Inclusion / exclusion criteria given		Yes No
v.	Type of subjects	Volunteers <input type="checkbox"/>	Patients <input type="checkbox"/>
vi.	Vulnerable subjects (Tick the appropriate boxes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	pregnant women <input type="checkbox"/>	children <input type="checkbox"/>	elderly <input type="checkbox"/>
	fetus <input type="checkbox"/>	illiterate <input type="checkbox"/>	handicapped <input type="checkbox"/>
	terminally ill <input type="checkbox"/>	seriously ill <input type="checkbox"/>	mentally challenged <input type="checkbox"/>
	economically & socially backward <input type="checkbox"/>	any other <input type="checkbox"/>	
vii.	Special group subjects (Tick the appropriate boxes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	captives <input type="checkbox"/>	institutionalized <input type="checkbox"/>	employees <input type="checkbox"/>
	students <input type="checkbox"/>	nurses/dependent <input type="checkbox"/>	armed <input type="checkbox"/>
	any other <input type="checkbox"/>	staff <input type="checkbox"/>	forces <input type="checkbox"/>
<b>6. Privacy and confidentiality</b>			
i.	Study involves -	Direct Identifiers	<input type="checkbox"/>
		Indirect Identifiers/coded	<input type="checkbox"/>
		Completely anonymised / delinked	<input type="checkbox"/>
ii.	Confidential handling of data by staff		Yes No
<b>7. Use of biological/ hazardous materials</b>			
i.	Use of fetal tissue or abortus		Yes No
ii.	Use of organs or body fluids		Yes No
iii.	Use of recombinant/gene therapy		Yes No
	<b>If yes, has Department of Biotechnology (DBT) approval for rDNA products been obtained?</b>		Yes No
iv.	Use of pre-existing/stored/left over samples		Yes No
v.	Collection for banking/future research		Yes No
vi.	Use of ionising radiation/radioisotopes		Yes No
	<b>If yes, has Bhaba Atomic Research Centre (BARC) approval for Radioactive Isotopes been obtained?</b>		Yes No
vii.	Use of Infectious/biohazardous specimens		Yes No
viii.	Proper disposal of material		Yes No

ix. Will any sample collected from the patients be sent abroad?	Yes	No
<b>If Yes, justify with details of collaborators</b>		
a) Is the proposal being submitted for clearance from Health Ministry's Screening Committee (HMSC) for International collaboration?	Yes	No
b) Sample will be sent abroad because (Tick appropriate box):		
Facility not available in India	<input type="checkbox"/>	
Facility in India inaccessible	<input type="checkbox"/>	
Facility available but not being accessed.	<input type="checkbox"/>	
If so, reasons...		

<b>8. Consent :</b> *Written <input type="checkbox"/> Oral <input type="checkbox"/> Audio-visual <input type="checkbox"/>		
i. Consent form : (tick the included elements)		
Understandable language	<input type="checkbox"/>	Alternatives to participation <input type="checkbox"/>
Statement that study involves research	<input type="checkbox"/>	Confidentiality of records <input type="checkbox"/>
Sponsor of study	<input type="checkbox"/>	Contact information <input type="checkbox"/>
Purpose and procedures	<input type="checkbox"/>	Statement that consent is voluntary <input type="checkbox"/>
Risks & Discomforts	<input type="checkbox"/>	Right to withdraw <input type="checkbox"/>
Benefits	<input type="checkbox"/>	Consent for future use of biological material <input type="checkbox"/>
Compensation for participation	<input type="checkbox"/>	Benefits if any on future commercialization <input type="checkbox"/>
Compensation for study related injury	<input type="checkbox"/>	eg. genetic basis for drug development <input type="checkbox"/>
*If written consent is not obtained, give reasons:		
ii. Who will obtain consent ?	PI/Co-PI <input type="checkbox"/> Research staff <input type="checkbox"/>	Nurse/Counsellor <input type="checkbox"/> Any other <input type="checkbox"/>
<b>9. Will any advertising be done for recruitment of Subjects ?</b> (posters, flyers, brochure, websites – if so kindly attach a copy)	Yes	No
<b>10. Risks &amp; Benefits:</b>		
i. Is the risk reasonable compared to the anticipated benefits to subjects / community / country?	Yes	No
ii. Is there physical / social / psychological risk / discomfort?	Yes	No
<b>If Yes,</b> Minimal or no risk	<input type="checkbox"/>	
More than minimum risk	<input type="checkbox"/>	
High risk	<input type="checkbox"/>	
iii. Is there a benefit a) to the subject ?		
Direct	<input type="checkbox"/>	Indirect <input type="checkbox"/>
b) Benefit to society <input type="checkbox"/>		
<b>11. Data Monitoring</b>		
i. Is there a data & safety monitoring committee/ Board (DSMB)?	Yes	No
ii. Is there a plan for reporting of adverse events?	Yes	No
<b>If Yes,</b> reporting is done to :		
Sponsor	<input type="checkbox"/>	Ethics Committee <input type="checkbox"/> DSMB <input type="checkbox"/>

iii. Is there a plan for interim analysis of data?	Yes	No
iv. Are there plans for storage and maintenance of all trial database? <b>If Yes, for how long?</b>	Yes	No
<b>12. Is there compensation for participation?</b> <b>If Yes,</b> Monetary <input type="checkbox"/> In kind <input type="checkbox"/>  Specify amount and type:	Yes	No
<b>13. Is there compensation for injury?</b> <b>If Yes,</b> by Sponsor <input type="checkbox"/> by Investigator <input type="checkbox"/> by insurance <input type="checkbox"/> by any other company <input type="checkbox"/>	Yes	No
<b>14. Do you have conflict of interest? (financial/nonfinancial)</b> <b>If Yes, specify :</b>	Yes	No
<b>Checklist for attached documents:</b>		
Project proposal – 1 Copy	<input type="checkbox"/>	
Curriculum Vitae of Investigators	<input type="checkbox"/>	
Brief description of proposal	<input type="checkbox"/>	
Patient information sheet	<input type="checkbox"/>	
Informed Consent form	<input type="checkbox"/>	
Investigator’s brochure for recruiting subjects	<input type="checkbox"/>	
Copy of advertisements/Information brochures	<input type="checkbox"/>	
Copy of clinical trial protocol and/or questionnaire	<input type="checkbox"/>	
Institutional Ethics Committee clearance	<input type="checkbox"/>	
Institutional Animal Ethics Committee clearance	<input type="checkbox"/>	
CPCSEA clearance, if any	<input type="checkbox"/>	
HMSC/DCGI/DBT/BARC clearance if obtained	<input type="checkbox"/>	

Place:  
Date:

Signature & Designation of PI/Co-PI/Collaborator