Details of Thesis work proposed

*(to be filled in by the candidate and signed by the Supervisor)*

Name of the PG Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Chief Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the thesis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soft copy of the documents have been submitted to iechrucms@gmail.com Yes/No

Undertaking by the candidate and supervisor

The work proposed is of an academic nature and is a part of the academic degree program with no commercial implications. We agree to conduct the study as per the plan submitted. Any change in the plan or deviation from methodology will be conveyed to the IEC-HR for consideration. Complete confidentiality of the data collected will be maintained. We agree to submit mid-term report of the work and a completion report to the office of the IEC-HR. We understand that failure to submit regular progress or completion report may merit withdrawal of IEC-HR approval.

Signature (student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethical evaluation of thesis protocols during the PG Committee meeting

*(to be filled in by Member of the IEC-HR reviewing the protocol in the PG Committee)*

|  |  |  |
| --- | --- | --- |
| Guide | Yes/No/Not sure | Comments if any |
| 1. Informed Consent form & Patient Information Sheet

(as per WHO Format, copy enclosed) |  |  |
| 1. Who is the target study population?

(Patient, relative, student, laboratory samples, others) |  |  |
| 1. Is there an intervention planned?

(If an intervention is planned, can this be potentially harmful – harm could be physical or psychological or social – please comment) |  |  |
| 1. Is there possibility of coercion for participation?
 |  |  |
| 1. Is there funding or sponsorship planned for this study?

(If yes, please comment on details of funding planned – if from industry/pharmaceutical company –proposal should be discussed in the main committee meeting) |  |  |
| 1. Is the concept clear?

(If concept is not clear then it may be taken up for discussion in detailed meeting) |  |  |
| 1. Does the study involve storage of samples for future use?

(If storage of samples is involved, another IC Form for this purpose should be used) |  |  |
| 1. Does the study involve foreign collaboration?

(Could this pose a problem – if yes, how?) |  |  |
| 1. Does the study involve transport of materials/samples outside the institute?

(If yes, have adequate permissions been taken?) |  |  |
| 1. Is the patient required to make payments for tests that would otherwise have not been necessary in clinical care?
 |  |  |
| 1. Does the study involve unnecessary risk which clearly outweighs the benefits expected from the study
 |  |  |
| 1. Does the study qualify to be a drug trial?

(involves research with a new molecule; an old molecule for a new indication; an old molecule for an old indication in a new dose or from a new route of administration) |  |  |
| 1. Is there a possibility of overlap of patient population with another work that you are aware of?

(please indicate if you are aware of any other work of similar nature on the same or a similar population) |  |  |

Recommendation May be Approved / Needs further discussion in Main committee

Name of IEC Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_