

Research Ethics Board University of Peshawar



APPLICATION FORM

Important:

- Please fill out every part of the form. Use simple words that anyone can understand.
- Submit a complete application with necessary documents (14 copies) to the office of the Secretary Research Ethics Board, University of Peshawar.
- Send a soft copy of the application to reb@uop.edu.pk

Required documents:

- i) Research Proposal
- ii) One Page CV of Applicant(s)/Supervisor/co-investigator(s)
- iii) Consent form (English/Urdu)
- iv) Questionnaire (English and Urdu)
- v) Proof of Funding Source

Section A Application Details

1. Project Title:

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2. Date of Submission: / /

Proposed Start Date: / /

Proposed End Date: / /

3. Applicant (s) Details

Full Name:	Signature
Position held: (Researcher's designation/Graduate student's level MPhil/PhD)	
Email:	
Contact No.	

Full Name:	Signature
Position held: (Researcher's designation/Graduate student's level MPhil/PhD)	
Email:	
Contact No.	

Name of Investigator/Supervisor (One-page CV must be attached)

Full Name:	Signature
Position held:	
Affiliation:	
Address:	
Email:	
Contact No.	

Name of Co-investigator/ Co-supervisor (One-page CV must be attached)

Full Name:	Signature
Position held:	
Affiliation:	
Address:	
Email:	
Contact No.	

Section B Details of the Project

Brief Summary of the Project in simple understandable language that a non-expert could understand (max 500 words)

Aim (s) and Objectives (max 200 words)

Where will the study take place (Please provide area name for field work/ Department /Institution)

Details of subject/ participants (Tick ✓ where applicable)

1. Human	
2. Animal	
3. Tissues	
4. Genes	
5. Genetically modified organisms	
6. Cell Culture	
7. General	

Type of Animals' Research (Tick ✓ where applicable)

Type of animals (Genus and Species)	
Weight range	
Gender	
Tissue used	

Detail of procedure using live animals (where applicable)

Complete procedure with reference if any	
Number of procedures	

Consent of the Human Subjects

CONSENT

In what form consent will be obtained (Mark √ the relevant)	<input type="checkbox"/> Verbal	<input type="checkbox"/> Written
Status of the subjects (Mark √ the relevant)	<input type="checkbox"/> Healthy	<input type="checkbox"/> Patient
State the reason if applying for waiving off the consent		

Major ethical issues (Attach extra sheets if required)

Participants Information (where applicable)

Participant Information and Consent	Yes	No
Will you inform participants that their participation is voluntary?		
Will you inform participants that they may withdraw from the research at any time and for any reason?		
Will you inform participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?		
Will you provide an information sheet that will include the contact details of the researcher/team?		
Will you obtain written consent for participation?		
Will you provide participants with written debriefing (i.e., a sheet that they can keep, showing your contact details and explanations of the study)?		
If the research is observational, will you ask participants for their consent to be observed?		

Details and procedure of taking informed consent (where applicable)

Please describe the arrangements you are making to inform participants, before providing consent, of what is involved in participating in your study and the use of any identifiable data, and whether you have any reasons for withholding particular information. (No more than 200 words)

Potential risk and risk management procedures (where applicable)

Identify, as far as possible, all potential risks (small and large) to participants (e.g. physical, psychological, etc.) that may be associated with the proposed research. Please explain any risk management procedures that will be put in place and attach any risk assessments or other supporting documents. Please answer within 200 words.



Declaration

- I/we understand the ethical aspects of this project and will make sure to stick to the national and international standards.
- I/we will not make any change/s in the approved research protocols without approval by REB, University of Peshawar.
- I/we declare that the information provided in the project is correct and we agree to uphold the protection of the research subjects' rights and safety.
- I/we declare to submit annual and final reports after the completion of the study.

Signature of Applicant

Signature of Investigator/Supervisor

**Signature of Co-investigator/
Co-supervisor**

**Signature with official seal
Head of the
Department/Centre/College/Institution**

1. -----

2.-----

3. -----