**(Annexure 2)**

## Application Form for Expedited Review

### ……………………....……………………………………………………………………………………

***(Name of the Institution)*** MPHREC Ref. No.\* ***(For office use):***

**SECTION 1: STUDY PURPOSE**

Not for Degree Purposes/Quality Improvement: **Yes No**

Postgraduate Degree/Diploma: **Yes  No**  (state which):

Undergraduate Degree/Diploma: **Yes  No**  (state which):

**SECTION 2: STUDY TITLE IN FULL (NO ABBREVIATIONS**

Title of the study:

|  |  |
| --- | --- |
| **DETAILS OF THE PRIMARY INVESTIGATOR/RESEARCHER** | |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **PERSAL NUMBER (EMPLOYEES)** |  |
| **PROFESSIONAL STATUS, OR STUDENT YEAR OF STUDY AND DEGREE** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **SITES(S) WHERE THE RESEARCH WILL BE CARRIED OUT (**Please furnish hospital/institution and department**)** |  |
| **MAIN SUPERVISOR DETAILS, IF ANY** | |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **NAME AND DATE OF ETHICS TRAINING** |  |
| **FUNDING DETAILS** | |
| **FUNDER (SPECIFY):** |  |
| **TOTAL ESTIMATED BUDGET:** |  |

**SECTION 3: RATIONALE FOR CONDUCTING THE RESEARCH**

|  |  |  |
| --- | --- | --- |
| 1. **Choose reasons why expedited review from MPHREC is requested?** | | |
| 1. Involves non-identifiable specimen and human tissue from sources like blood banks, tissue banks and left-over clinical samples. | | **** |
| 1. Involves clinical documentation materials that are non-identifiable (data, documents, records). | | **** |
| 1. Modification or amendment to approved protocol (administrative changes/correction of typographical errors and change in researcher(s)) | | **** |
| 1. Revised proposal previously approved through expedited review, full review or continuing review of approved proposal. | | **** |
| 1. Minor deviation from originally approved research causing no risk or minimal risk. | | **** |
| 1. Progress/annual report where there is no additional risk, for example activity limited to data analysis. | | **** |
| 1. For multicentre research where a designated EC has approved the proposal, a participating EC may review participating centre specific information and modifications in the study proposal through full committee meeting/expedited review depending on the importance of local consent related issues involved specific to the centre. | | **** |
| 1. Research during emergencies and disasters | | **** |
| Any other (please specify):  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | |
| 1. **Is waiver of consent being requested?** Yes **** No **** | | |
| 1. **Does the research involve vulnerable persons?** Yes **** No ****   If Yes give details:  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | |
| Signature of PI: |  | |
| Date: |  | |
| Comments of MPHREC Secretariat: |  | |
| Signature of Member Secretary: |  | |
| Date: |  | |