

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

<b>Serial No of IEC Management Office:</b>  
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**Proposal Title:**

	<b>Name, Designation &amp; Qualifications</b>	<b>Address Tel &amp; Fax Nos. Email ID</b>	<b>Signature</b>
<b>PI</b>			
<b>Co-PI / Collaborators</b>			
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

**Please attach detailed Curriculum Vitae of all Investigators (with subject specific publications limited to previous 5 years).**

***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>			

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<b>Total Budget :</b>
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<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"/>
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<b>3. Clinical Trials:</b>		
<b>Drug /Vaccines/Device/Herbal Remedies :</b>		
<b>i.</b>	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"/>

<b>ii.</b>	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"/>	

<b>iii.</b> Does it involve a change in use, dosage, route of administration?	Yes	No
<b>If yes,</b> whether DCGI's /Any other Regulatory authority's Permission is obtained?	Yes	No
<b>If yes,</b> Date of permission :		

<b>iv.</b> Is it an Investigational New Drug?	Yes	No
<b>If yes,</b> IND No:		

a). Investigator's Brochure submitted	Yes	No
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b). <i>In vitro</i> studies data	Yes	No
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c). Preclinical Studies done	Yes	No
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d). Clinical Study is : Phase I <input type="checkbox"/>	Phase II <input type="checkbox"/>	Phase III <input type="checkbox"/>	Phase IV <input type="checkbox"/>
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e). Are you aware if this study/similar study is being done elsewhere ?	Yes	No
<b>If Yes,</b> 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):
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<b>5. Subject selection:</b>		
i.	Number of Subjects :	
ii.	Duration of study :	
iii.	Will subjects from both sexes be recruited	Yes <input type="checkbox"/>
		No <input type="checkbox"/>

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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	No	<input type="checkbox"/>
	pregnant women	<input type="checkbox"/>	children	<input type="checkbox"/>	elderly
	fetus	<input type="checkbox"/>	illiterate	<input type="checkbox"/>	handicapped
	terminally ill	<input type="checkbox"/>	seriously ill	<input type="checkbox"/>	mentally challenged
	economically & socially backward	<input type="checkbox"/>	any other	<input type="checkbox"/>	
vii.	Special group subjects (Tick the appropriate boxes)		Yes	No	<input type="checkbox"/>
	captives	<input type="checkbox"/>	institutionalized	<input type="checkbox"/>	employees
	students	<input type="checkbox"/>	nurses/dependent	<input type="checkbox"/>	armed
	any other	<input type="checkbox"/>	staff	<input type="checkbox"/>	forces
<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>				Yes	No
i.	Use of fetal tissue or abortus				
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

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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
Statement that study involves research	<input type="checkbox"/>	Confidentiality of records
Sponsor of study	<input type="checkbox"/>	Contact information
Purpose and procedures	<input type="checkbox"/>	Statement that consent is voluntary
Risks & Discomforts	<input type="checkbox"/>	Right to withdraw
Benefits	<input type="checkbox"/>	Consent for future use of biological material
Compensation for participation	<input type="checkbox"/>	Benefits if any on future commercialization
Compensation for study related injury	<input type="checkbox"/>	eg. genetic basis for drug development
*If written consent is not obtained, give reasons:		
ii. Who will obtain consent ?		
PI/Co-PI	<input type="checkbox"/>	Nurse/Counsellor
Research staff	<input type="checkbox"/>	Any other
<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? <b>If Yes,</b> Minimal or no risk <input type="checkbox"/> More than minimum risk <input type="checkbox"/> High risk <input type="checkbox"/>	Yes	No
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>	Yes	No
i. Is there a data & safety monitoring committee/ Board (DSMB)?		
ii. Is there a plan for reporting of adverse events ? <b>If Yes,</b> reporting is done to : Sponsor <input type="checkbox"/> Ethics Committee <input type="checkbox"/> DSMB <input type="checkbox"/>	Yes	No
iii. Is there a plan for interim analysis of data?	Yes	No

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vi. 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Project proposal – 20 Copies</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> <tr> <td>Curriculum Vitae of Investigators</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brief description of proposal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Patient information sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Informed Consent form</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Investigator’s brochure for recruiting subjects</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Copy of advertisements/Information brochures</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Copy of clinical trial protocol and/or questionnaire</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Institutional Ethics Committee clearance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Institutional Animal Ethics Committee clearance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CPCSEA clearance, if any</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HMSC/DCGI/DBT/BARC clearance if obtained</td> <td><input type="checkbox"/></td> </tr> </table>			Project proposal – 20 Copies	<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"/>
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Place:  
Date:

Signature & Designation of PI/Co-PI/Collaborator