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## **SECRETARIAT ETHICAL REVIEW COMMITTEE, (ERC)**

Registration #IRB00006912 Punjab Medical College with Office Human Research Protection U.S.A.  
PMRC Research Centre, Punjab Medical College, Faisalabad

### **APPLICATION FORM FOR ERC**

#### **Guidelines for Researchers:**

Researchers under taking research work in PMC & Allied Hospital are required to take clearance from the Ethical Review Committee of the Hospital.

The Ethical Review Committee follows the Belmont Report and the Declaration of Helsinki October 2008 for giving clearance.

**Consent Form** that has been prepared according to Para 24 of the Declaration of Helsinki October 2008 is available on this website (Courtesy PMRC). This is an essential document of the research proposal this should be duly filled and submitted with the research proposal along with the application form of ERC

#### **Submission procedure for Ethical Review Committee (ERC):**

- Submit one hard copy of the research proposal, CV of Principal Investigator and ERC Consent & Application Forms along with Urdu Consent Form to the office of the Ethical Review Committee.
- **Attach one copy of Curriculum Vitae (CV) with the synopsis.**
- **Attach certificate that the study is not duplicated.**
- **One soft copy of the Research Proposal/Synopsis on the e-mail: [pmrcercfsd@hotmail.com](mailto:pmrcercfsd@hotmail.com)**
- Download the forms from the website of [pmc.edu.pk](http://pmc.edu.pk) which has to be filled and submitted to Secretariat Ethical Review Committee (ERC), PMRC Research Centre, Punjab Medical College, Faisalabad.

**[pmrcercfsd@hotmail.com](mailto:pmrcercfsd@hotmail.com)**

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Courtesy PMRC, FSD

# **NO DUPLICATE CERTIFICATE**

Date: \_\_\_\_\_

## **TO WHOM IT MAY CONCERN**

This is to certify that the study/protocol \_\_\_\_\_  
(Name of the study)

Conducted by \_\_\_\_\_  
(Name of the Principal Investigator)

in Department of \_\_\_\_\_

has not been done previously at Allied/DHQ Hospitals, Punjab Medical College,  
Faisalabad for the last 5 years.

Name Head of the Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Signature with Stamp: \_\_\_\_\_

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I have read/check the list of synopsis/study approved by the Ethical Review Committee (ERC) that for the last 5 years this/same study is not done in this institute.

Signature of the Principal Investigator: \_\_\_\_\_

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## **APPLICATION FORM FOR ERC**

Please supply the following details of your research work.

- 1) Name of the applicant.
- 2) Contact number of the applicant, and e mail address.
- 3) Curriculum Vitae (CV) of the Principal Investigator.
- 4) Title of the research work.
- 5) State the objectives of the study.
- 6) Describe the methodology in detail, (use separate piece of paper if necessary).
- 7) Will any laboratory finding which are not routinely done; be conducted on your subjects.      Yes / No

If yes who will pay for them.

8. Briefly write point wise the benefits of the research being undertaken.
9. What could be possible adverse effects?
10. If adverse efforts happen who will be responsible for managing them.
11. What is the duration of the study?
12. Name of the agency that is funding research.
13. Please state how the institution will benefit from your research work.
14. Are any other ethical issues involved in your study?      Yes/No
15. If yes please state:-

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**The information supplied above is true to the best of my knowledge.**

Name of the Principal Investigator: \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Name of the Co-Investigator: \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Name of Supervisor (if applicable) \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Name of Head of Department. \_\_\_\_\_

Signature with Stamp \_\_\_\_\_

Date \_\_\_\_\_

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# **INFORM CONSENT**

**of subject/project (according to para 24 of Declaration Helsinki 2008) in local language. To be signed by each subject entering the Research**

**TITLE OF STUDY:**

**PRINCIPAL INVESTIGATOR:**

**INSTITUTION:**

**INTRODUCTION:**

**OBJECTIVES OF THE STUDY**

**PROCEDURE/METHODOLOGY**

**POSSIBLE RESULTS AND BENEFITS:**

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## **RIGHT OF REFUSAL TO PARTICIPATE AND WITHDRAWAL**

You are free to choose to participate in the study. You may refuse to participate without any loss of benefit which you are entitled to. You will receive the best of care available irrespective of your participate in the study. You may withdrawal anytime from the study. If you have any further questions or any adverse effects please contact Dr.\_\_\_\_\_ .

## **SOURCE OF FUNDING**

## **ANY CONFLICT OF INTEREST**

## **AUTHORIZATION**

I have read and understand this consent from, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal state, or local laws.

**Participant's Name.**

**Date:**

**Participant's Signature or thumb impression.**

**Date:**

**Principal Investigator's Signature:**

**Date:**

**Signature of Person Obtaining Consent:**

**Date:**

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