

37 MILITARY HOSPITAL



Official Use only

Protocol number

RESEARCH AND DEVELOPMENT UNIT
Institutional Review Board (IRB)

NEW PROTOCOL SUBMISSION FORM
(For students only)

HOW TO USE THIS New PROTOCOL SUBMISSION FORM:

This document is the standard 37 MH-IRB approved template to assist you in making an application for ethical clearance. There are four sections – A to D and each must be completed. The text written in [BLUE] is for **guidance only** and should be removed before finalising the document. Also, **this information box should be deleted before the document is finalised form**

Requirements:

- i. A new protocol must be submitted to the 37MH-IRB at least five weeks before the proposed commencement date of the research.
- ii. All sections of the form must be completed before protocol can be considered for review.
- iii. A soft copy of this form, the consent form, proposal and other documentations should be emailed to irbmilhosp@gmail.com in **one pdf or word document** (arranged in this order: cover letter/letter of introduction, supervisor's support letter, new protocol submission form, proposal, informed consent form, budget, workplan, instrument, Investigator's CVs and Supervisor's CVs) and after pre-review, one hard copy of protocol must be submitted to the 37 MH-IRB (PhD proposals only).

SECTION A – BACKGROUND INFORMATION

Title of Study:

Name of Student

a. Full Name
(Surname First)

b. Institution	
c. Faculty/Department/School	
d. Address	
e. Student Number	
f. Phone Number	
g. Email Address (Please provide one email address)	

Supervisors

a. Name of Supervisor (Surname First, Title, Qualifications)	
b. Institution/Faculty/Department/School	
c. Address	
d. Phone Number	
e. Email Address (Please provide one email address)	

a. Name of Supervisor (Surname First, Title, Qualifications)	
b. Institution/Faculty/Department/School	
c. Address	
d. Phone Number	
e. Email Address (Please provide one email address)	

NB: Add on if you have more than two supervisors.

Proposed Study Information

a. Type of Research/Study	☐ Biomedical ☐ Social/Behavioural ☐ Others (Please specify)
b. Student Status	☐ Undergraduate ☐ Masters ☐ Membership ☐ Fellowship ☐ PhD
c. Duration of Research/Study	Number of years: Study Start Date: End Date:
d. Source(s) of Funding (Name, Address and Email)	
e. Departmental Thesis Approval Letter and Introductory Letter from Head of Department (Attach Letter of Approval)	
f. Prior IRB Review (Name any other IRB this proposal has been submitted to and attach approval letter if applicable. In case of rejection, state reasons)	
g. Collaborating Institutions (Attach Letter of Approval)	

SECTION B – RESEARCH PROPOSAL OUTLINE

ABSTRACT/EXECUTIVE SUMMARY

(Not more than 500 words)

BACKGROUND OR RATIONALE OF STUDY

(This should include the Introduction, aims and objectives, Problem statement, literature review)

METHODS

(This should include the study site, population, study design, inclusion and exclusion criteria
Sample size calculation, sampling, data collection, data analysis,)

ETHICAL CONSIDERATIONS

(Provide a description of the likely ethical issues and how it would be resolved. i.e. consent procedures, confidentiality, privacy, risks and benefits, etc.)

EXPECTED OUTCOME/RESULTS

KEY REFERENCES

WORK PLAN / STUDY TIMELINES

BUDGET AND BUDGET JUSTIFICATION

CONSENT FORM

(Check the 37 MH-IRB Consent form Template for guidance)

ASSENT FORM AND PARENTAL CONSENT FORM

(Only applicable where children of ages 12 to 17 would be recruited as research participants)

DATA COLLECTION INSTRUMENTS

(i.e. Interview Guide, Questionnaire, etc.)

STUDENT'S CV AND SUPERVISOR'S CV

SECTION C – SIGNATURES

As the Student Investigator on this project, my signature confirms that:

- 1. I will ensure that all procedures performed under the study will be conducted in accordance with all relevant policies and regulations that govern research involving human participants.**
- 2. I understand that if there is any change from the project as originally approved, I must submit an amendment to the 37MH-IRB for review and approval prior to its implementation. Where I fail to do so, the amended aspect of the study is invalid.**
- 3. I understand that I will report all serious adverse events associated with the study within seven days verbally and fourteen days in writing.**
- 4. I understand that I will submit progress reports each year for review and renewal. Where I fail to do so, the 37MH-IRB is mandated to terminate the study upon expiry.**
- 5. I agree that I will submit a final report to the 37MH-IRB at the end of the study.**

Name of Student :

Signature of Student :

Date: :

II. As the Student Supervisor on this project, my signature confirms that I have read the students work which has been reviewed and approved by the departmental review committee/ scientific and technical committee:

Name of Supervisor:

Signature of Supervisor:

Date: