On Letterhead
[Name of Hospital / Medical Institution]
Address
Phone | Email | Website

Title of the Study:
Subject:
Date:

To IEC-IIT Delhi,
This is to certify that the [Hospital Name] has reviewed the research study titled "[Title of Study]" submitted by [Name, Affiliation of PI]. After due consideration, permission is hereby granted to conduct the study involving collection of biological samples from participants at our facility, subject to the conditions outlined below.

This approval is valid for a period starting from the date of issuance of the IEC Ethical Clearance Certificate.

Approval Details:

- Nature of Study: [e.g., Observational / Interventional / Clinical Trial / Non-Therapeutic Sample Collection]
- Type of Biological Samples to be Collected:
  - Blood / Saliva / Urine / Tissue / Other: [Specify]
  - Volume: [Specify amount per participant]
  - Frequency: [e.g., One-time / multiple times]
- Population:
  - Number of Participants: [Insert Number]
  - Age Group: [Insert Range]
  - Vulnerable Groups Involved (if any): [e.g., children, pregnant women]
- Site(s) of Sample Collection:
  - [Specify ward/lab/department]

Conditions for Approval:

- Informed consent must be obtained from each participant prior to sample collection.
- Participant privacy and confidentiality must be strictly maintained.
- No undue inducement or coercion is permitted.
- Samples shall not be used for any other purpose or shared with any third party without prior written permission and appropriate Material Transfer Agreements (MTAs), if applicable.
- Data and samples collected must be stored and handled as per ICMR Guidelines (2017) and applicable laws.

- The research team must report any serious adverse events (SAEs) or protocol deviations to this IEC immediately.
- Final report of the study should be submitted to the IEC upon completion.

Documentation Reviewed:

- Full Research Protocol
- Participant Information Sheet (PIS)
- Informed Consent Form (ICF)
- Investigator CV
- Regulatory Approvals (if applicable)
- MTA / Collaboration Agreements (if applicable)

Signatures:
Name of the Authorized Signatory
[Designation]
Signature
Seal and Date

This approval is granted only for the purposes specified above and is subject to withdrawal in case of non-compliance with ethical standards or hospital regulations.

Annexures to Include (as applicable):

- Annexure A: List of Departments Involved
- Annexure B: Participant Flow Chart
- Annexure C: MTA (Material Transfer Agreement) if samples are sent offsite
- Annexure D: Insurance or Risk Coverage Details (if required)