Please enter these additional co-investigator details

Designation _____
Specialization _____
State Medical Council registration number _____

Is the co-investigator trained in International Council for Harmonisation, Guideline for Good Clinical Practice (ICH GCP)?

◯ Yes
◯ No

Ethical review details

Does your hospital have an ethics committee registered with CDSCO?

◯ Yes
◯ No

Please enter the ethics committee registration number

_____

In the next three months when is your IEC meeting up?

_____

What is the expected timeline for ethics review at your site?

_____

In which languages do you think the consent form should be translated, considering the languages spoken by the potential participants treated at your hospital?

_____

Departmental logistics

Does your hospital require any additional departmental review besides the ethics? Can you please elaborate on that review?

_____

Are there any potential logistical issues which may interfere with set up or running ofthis project at your site?

_____
(E.g. contract review, adequate space, lack of resources etc.)

What is the expected timeline for contract review, negotiations and execution (in days)?

_____

What is the maximum expected timeline?

_____