Covering letter

Date:

To

Member Secretary

Madhesh Institute of Health Sciences

Institutional Review Committee (MIHS-IRC)

**Subject: Application for ethical approval**

I am / We are going to conduct a research project entitled [Write your title here] at [Mention your study site here] . I am / we are fully aware about the ethical concerns regarding this research and will maintain them throughout the course of study.

I/We wish to submit the above proposed project for ethical review by MIHS-IRC. I/we have enclosed all the required documents mentioned in the checklist.

Thanking you with anticipation of your early response.

Yours Sincerely,

Signature:

Name of the Applicant:

Date:

**Ethical Approval Research Proposal Form**

A logo of a medical institution

AI-generated content may be incorrect.

Research Proposal Approval Format

**Research Title:**

**MADHESH INSTITUTE OF HEALTH SCIENCES**

**INSTITUTIONAL Review Committee (MIHS-IRC)**

**janakpurdham, Madhesh Province, Nepal**

**Email: irc.secretary@mihs.edu.np , Website: https://mihs.edu.np/**

***For Official Use Only***

***(Please see the check list before Registration of the application form)***

Registration No.:

Registration Date:

Approved Date:

Name of PI:

Total Budget of the Project: MIHS-IRC Processing Fee: Research Site:

Tentative Date of Initiating the Project: Duration of the Research Project: Name of Internal Reviewer:

Name of External Reviewer: Signature & Seal of MIHS-IRC:

# Part – I

Passport size photograph

## Administrative Information

1. Research Title:
2. Name and Title of Principal Investigator responsible for the proposed research:

Nationality:

Citizenship Number with district name from where it was obtained (only for Nepali)

Passport Number (only for non-Nepali citizen):

Signature: Date:

Postal Address:

Telephone No.:

Mobile No.:

Fax No.:

e-mail:

Alternate e-mail:

1. Full name of the Institution associated with the Principal Investigator (if applicable) :

Designation:

Postal Address (if different from the address given above):

Telephone No.:

Fax No.:

e-mail:

Website:

1. Declaration of the head of the Institution (if applicable)

If the proposed research is approved, we will allow him/her to conduct the research in this institution.

Signature: Date:

Last (Surname) Middle (if any) First name Designation:

Name of the Institution Contact/Postal Address:

Telephone No.:

Fax No.:

Institutional e-mail:

Website:

1. Name and Title of Co-investigators responsible for the proposed research (Use the similar format if more than one):

Last (Surname) Middle (if any) First name Nationality:

Citizenship Number with district name from where it was obtained (only for Nepali)

Passport Number (only for non Nepali citizen):

Affiliated Institution (if applicable):

Designation:

Signature: Date:

Postal Address (if different from the address given above):

Telephone No.:

Fax No.:

e-mail:

1. Name and Title of Co-investigators responsible for the proposed research (Use the similar format if more than one):

Last (Surname) Middle (if any) First name Nationality:

Citizenship Number with district name from where it was obtained (only for Nepali)

Passport Number (only for non Nepali citizen):

Affiliated Institution (if applicable):

Designation:

Signature: Date:

Postal Address (if different from the address given above):

Telephone No.:

Fax No.:

e-mail:

1. Name and Title of Co-investigators responsible for the proposed research (Use the similar format if more than one):

Last (Surname) Middle (if any) First name Nationality:

Citizenship Number with district name from where it was obtained (only for Nepali)

Passport Number (only for non Nepali citizen):

Affiliated Institution (if applicable):

Designation:

Signature: Date:

Postal Address (if different from the address given above):

Telephone No.:

Fax No.:

e-mail:

*(Use additional sheet if necessary)*

1. List the name(s) and institutional affiliation to the researcher(s) (other than co-investigator) to assist your project in Nepal and abroad (if any)

*Name Institution and Address*

(a)

(b)

*(Use additional sheet if necessary)*

1. List the name(s) of Nepali researcher(s) (other than co-investigator) or Nepalese Institution/hospital/NGO(s) etc. from whom you may seek co- operation (if any)

(a)

(b)

*(Use additional sheet if necessary)*

1. List major equipment(s) in relation to your research project you plan to bring/import to Nepal (If applicable)

(a)

(b)

……

*(Use additional sheet if necessary)*

* 1. List details of all specimen(s) (if any) that you may transport from Nepal in relation to your research.

(a)

(b)

(c)

(d)

* 1. Country of Destination: Name of Institution:
  2. Mode of Transportation of Specimen
  3. How will you ensure duplicate specimens remain in the country?

……………………………………………………………………………

(If necessary use additional sheet)

1. Is this research part of your Thesis? Yes/No……………..

If yes,

For what degree and in which subject? From which university?

From which country?

Part II Financial Information

### Research Title:

### Name of the funding organization:

Contact information of funding organization or agency: Postal Address:

Telephone No.:

Fax No.:

e-mail:

Contact person at the funding organization or agency:

Last (Surname) Middle (if any) First name Designation:

Total amount of funds (in NRs / US $) allocated for the proposed research project:

Itemized budget (in detail) and justify the resources required for the proposed research work (*use additional sheet*)

# Part – III Research Proposal Description

1. Research Title:
2. Proposal Summary (maximum 500 words):
3. Introduction:
   1. Background of Study (maximum 500 words):
   2. Statement of the Problem and Rationale / Justification (maximum 500 words)
   3. Conceptual framework
   4. Research Objectives / purpose / aim of the study:

General

Specific:

Research Design and Methodology Research Method

Qualitative Quantitative Combined

Variables:

Type of Study (Specify):

Study Site and Its Justification:

Study Population (Specify):

Study Unit:

Sampling Methods / Techniques (Specify):

Sample size (with justification):

Criteria for Sample Selection:

Data Collection Technique / Methods (Specify):

Data Collection Tools: (please attached in annex) Pre-testing the Data Collection Tools (if applicable):

Validity and Reliability of the Study Tools:

Potential Biases (if applicable):

Limitation of the Study:

1. Plan for Supervision and Monitoring:
2. Plan for Data Management and Analysis:
3. Expected Outcome of the Research:
4. Plan for Dissemination of Research Results:
5. Plan for Utilization of the Research Findings (optional):
6. Work Plan *(should include duration of study, tentative date of starting the project and work schedule / Gantt chart):*

# Part – IV

## Ethical Consideration

1. Regarding the human participants:

Are human participants required in this research? If yes, provide justification.

Yes (*provide justification*) No

How many participants are required for the research? Explain.

What is the frequency of the participant’s involvement in the research? Explain.

Clearly indicate the participant's responsibilities in the research. What is expected of the research participants during the research?

Are vulnerable members of the population required for this research? If yes, provide justification.

Are there any risks involved for the participants? If yes, identify clearly what are the expected risks for the human participants in the research and provide a justification for these risks.

Are there any benefits involved for the participants? If yes, identify clearly what are the expected benefits for the participants.

1. Informed Consent Form / Ethical Issues:

Statements required in the Informed Consent Form include:

A statement that the human participants can withdraw from the study at any time without giving reason and without fear. State clearly how the participants can opt out the study.

A statement guaranteeing the confidentiality of the research participants.

If required, a statement on any compensation that might be given to the research participant and or their community.

A statement indicating that the participants has understood all the information in the consent form and is willing to volunteer / participate in the research.

Signature space for the research participants, a witness, and the date.

*(Informed Consent form should be submitted in English and in the language appropriate to the research participants)*

Obtaining the Consent

How informed consent is obtained from the research participants?

Verbal Written

Please indicate who is responsible for obtaining informed consent from the participants in this research study?

…………………………………………..………………………………

Is there anything being withheld from the research participants at the time the informed consent is being sought?

If yes, explain

……………………………………………………………………………

Is the research sensitive to the Nepali culture and the social values?

Yes No Explain.

……………………………………………………………………………

Is health insurance *(if applicable)* being made available to the research participants? If yes, please provide the necessary insurance data.

…………………………………………………………………………… (Include in consent form)

# Part – V

#### ACCEPTANCE OF GENERAL CONDITIONS AND DECLARATION BY THE PRINCIPAL INVESTIGATOR

I hereby certify that the above-mentioned statements are true, I have read and understood the regulation of the Madhesh Institute of Health Sciences Institutional Review Committee (MIHS-IRC) on the approval of research proposal and will act in conformity with the said regulation in all respects.

If the research is terminated, for any reason, I will notify MIHS-IRC of this decision and provide the reasons for such actions. I will provide MIHS-IRC with a written notice upon the completion of the research as well as a final summary/full report of the research study. If I publish the results in a journal, I shall acknowledge the MIHS-IRC and shall provide the Institute with three copies of any such articles.

…………………………

#### Signature of Applicant Date: …………………

Protocol submission checklist

|  |  |  |
| --- | --- | --- |
| S.N | Documents enclosed (when applicable, in a separate file) | Y/N/NA |
| 1 | Cover Letter to MIHS–IRC for Ethical Clearance |  |
| 2 | Declaration by the Principal Investigator |  |
| 3 | Declaration by the Departmental Head/ Hospital Director |  |
| 4 | If setting is other institution/community, acceptance letter from that institution/concerned authority |  |
| 5 | Full proposal signed by candidate, guide, co-guide |  |
| 6 | Timeline/work plan/Gantt Chart |  |
| 7 | Estimated budget |  |
| 8 | Approval letter from department/institution (as per need) |  |
| 9 | Consent form (as per MIHS- IRC format) |  |
| 10 | Information sheet (as per MIHS-IRC format) |  |
| 11 | Questionnaires/tools |  |
| 12 | Other documents as per need |  |

**ANNEXURE A:** Participants Information Sheet (Both English and Nepali Language)

**ANNEXURE B:** Research Instruments/Tool (both Nepali and English Language as indicated)

**ANNEXURE C: Informed consent form** (Should be in both Nepali and English language. A generic consent form, add similar assent form where applicable is given below)

**ANNEXURE D: Letters of approval**

**ANNEXURE E**: **Other Documents as Needed**: