

Clinical Research Submission

1. Administration

Name of Research Principal: shanmuka sagar

Department: computer science

Study Title: Blockchain

Review Requested: Expedited Review

Submission Date: 24/6/2025

Submitted At: 24/6/2025, 10:47:28 am

Version Number: NBVC254

Date: 17/6/2025

Protocol Number: 1254ABC

Email: test6@gmail.com

Summary: khflhfla hfksahfk fhkshfk

Selected Elements:

- No more than minimal risk to the trial participants
- Research involving clinical documentation materials that are nonidentifiable (data, documents, records);

Other Reason:

2. Investigators

Researchers

Name: sagar

Designation: software developer

Qualification: B.Tech

Department: CSE

Investigator Type: Guide

Email: test6@gmail.com

Alternate Gmail: shanmukasagar2021@gmail.com

Contact: 9999999999

Approved: Yes

Approval Token: fa6f9df0-cb1d-43dc-a010-0ec7aab7d441

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Name: Bharath

Designation: VFX

Qualification: B.Tech

Department: CSE

Investigator Type: Co-investigator

Email: test6@gmail.com

Alternate Gmail: shanmukasagar2023@gmail.com

Contact: 9999988888

Approved: Yes

Approval Token: bd131fae-9b6e-45a6-8de2-4cb42e95a98f

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Name: Varshitha Reddy

Designation: software engineer

Qualification: B.Tech

Department: CSE

Investigator Type: hod

Email: test6@gmail.com

Alternate Gmail: nimstech25@gmail.com

Contact: 6666666666

Approved: Yes

Approval Token: a6b4e133-0474-4545-8306-0a1cb90e028e

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Name: shanmuka sagar

Designation: software engineer

Qualification: B.Tech

Department: CSE

Investigator Type: Principal Investigator

Email: test6@gmail.com

Alternate Gmail: shanmukasagar2019@gmail.com

Contact: 8688345501

Approved: No

Approval Token: 1059889c-f283-4ba0-8871-3f5616bafdcc

Funding Details

Funding Source: self-funding
Total Estimated Budget: ₹25410

Overview of the Research

Summary: hfkhskaflhfk jfhskfhksfhk
Type of Study: retrospective
Other Study Type: null
External Laboratory Involved: Yes
Specify (if External Lab): hsfkshfk kfhskf
Justification: tetetg
Sample Size: 2514
Email: test6@gmail.com

Participants

Type of Participants: vulnerable
Specify (if applicable): N/A
Justification: kdhkghdkg khgdkhgkd
Additional Safeguards: dhghdkgdg
Reimbursement Details: gdgd dgdg
Advertisement Details: dgdgdgd dgdgsgdg
Payment Type: Yes
Advertisement Type: Yes
Email: test6@gmail.com
{/* Vulnerable Groups */}
Vulnerable Groups:
Economically and socially disadvantaged
,
Unduly influenced due to fear/benefits
,
Children (up to 18 years)

Benefits Details

Reimbursement Details: nfhfhf fg fhf
Risk Management Strategy: fh fhfhfhfhf f

Anticipated Type of Benefits: Yes
Participant Benefits: Direct
Society Benefits: Direct
Improvement Benefits: Direct
Email: test6@gmail.com

Consent Details

Seeking Waiver of Consent Type: Yes
Specify: By Questionnaire
Email: test6@gmail.com
Version Number: fhfh fhfh
Date: 25/6/2025
Subject: Yes
Certificates: Yes
{/* Language details */}
Selected Languages: Telugu

Telugu

Version: fhfhfh fhfh
Date: 26/6/2025
{/* PIS selected items */}
PIS Selected Items:
Statement that study involves research & explain purpose of research
,
Statement that consent & participation are voluntary
,
Expected Risks and benefits to the study subject
{/* Summary */}
Summary: hhfhfh fhfhfh fhfh
{/* Waiver Selected Elements */}
Waiver Selected Elements:
research cannot practically be carried out without the waiver and the waiver is scientifically justified
,
retrospective studies, where the participants are de-identified or cannot be contacted
,
research on anonymized biological samples/data

Compensation & Payment Details

Waiver of Consent Type: No

Specify:

Compensation for Research-Related Injury: No

Specific Compensation Details:

Email: test6@gmail.com

Storage and Access Details

Control Details:

Access Details:

Sample Access Type: No

Sample Details:

Document Access Type: No

Drugs Access Type: No

Email: test6@gmail.com

null

Additional Support Information

Support Type: No

Additional Details:

Email: test6@gmail.com

Declaration

Selected Declarations:

- I/We certify that the information provided in this application is complete and correct.
,
- I/We confirm that all investigators have approved the submitted version of proposal
/related documents
,
- I/We confirm that this study will be conducted in accordance with the latest ICMR
National Ethical Guidelines for Biomedical and Health Research involving

HumanParticipants and other applicable regulations and guidelines including responsible


- I/We will comply with all policies and guidelines of the institute and affiliated / collaborating institutions wherever applicable

Principal Investigator: Shanmuka sagar

Date: 25/6/2025

Signature: shanmuka sagar

14. Checklist

Application for waiver of consent if applicable	File: null
Good Clinical Practice (GCP) training of investigators in last 3 years	File: null
EC clearance of other centers	File: null
MOU between collaborating partners	File: null
Insurance policy / participant coverage details	File: null
Cover letter enlisting all documents enclosed	 View File
Copy of the detailed protocol (clearly identified numbered and dated) and synopsis	File: null
Participant Information Sheet (PIS) and Informed Consent Form (ICF)	File: null
Brief CV of all Investigators (updated, signed and dated)	File: null
CRF / Interview guides / FGDs (English and translated)	File: null
Assent form for minors (12-18 years)	File: null
Advertisement / material to recruit participants	File: null