Clinical Research Submission

1. Administration

Name: sagar

Department: computer science

Submission Date: 27/6/2025

Review Type: Expedited Review **Study Title:** medical research

Short Title: MR

Protocol: 987897 **Version:** 8798879

Date: 2025-06-07T18:30:00.000Z

2. Investigators

Type: principal

Name: shanmuka sagar

Designation: software developer

Qualification: MD, PhD

Department: Clinical Research

Email: shanmukasagar2019@gmail.com

Contact: 9876543210

Type: hod

Name:shanmuka sagarDesignation:Co-Investigator

Qualification: MD, PhD

Department: Clinical Research

Email: shanmukasagar2021@gmail.com

Contact: 9876543210

3. Investigators Count

PI Count: 12 Co-PI Count: 25 Duration: 32

4. Funding Details

Estimated Budget: 50000

Funding Source: Self-funding

false <>

Proposed Budget: ₹ hfkshksf Cost Per Patient: ₹ fsfsfhskf Total Project Cost: ₹ 650 NIMS Investigations:

Name: CHT **Cost:** 250

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Name: BGT **Cost:** 400

Is Outsourced: Yes

Outsourced Investigations:

Name: shanmuka sagar

Cost: 600

Lab: ameerpet

NABL: yes

false false

5. Overview Research

Summary: kjadhkahd kh

Study Type: Academic clinical trials

Other Type:

6. Methodology

Sample Size: 250

Participants per Site: 12
Lab Outsourcing: No

Lab Details:

7. Participants

Type: Patient

Vulnerable Groups: Other Participant:

Reimbursement: No

Details:

Additional Safeguards:

Justification:

8. Benefits

Any Risk: No

Risk Details:

Risk Strategy:

Participant Benefits: Indirect
Social Benefits: Direct
Scientific Benefits: Indirect

9. Consent

Waiver Consent:

No

Translated Languages:

Other Reason:

10. Payment

Injury Treatment: No **SAE Compensation:** NA

11. Storage

Docs Control: No **Drugs Control:** No

12. Additional Info

Any Additional: No

Details:

13. Declaration

PI Name: shanmuka sagar

Guide Name: HOD Name:

14. Checklist

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Cover letter	View File
Brief CV of all Investigators- Updated, signed and dated	View File
Good Clinical Practice (GCP) training of investigators in last 3 years	View File
EC clearance of other centers	File: null
Agreement between collaborating partners	File: null
MTA between collaborating partners	File: null
Insurance policy / certificate	View File
Copy of CTA signed with the sponsor	View File
Provide all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ECs / Regulatory authorities for proposed study (whether in same location or elsewhere) and modification(s) to protocol	File: null
Copy of the detailed protocol (clearly identified numbered and dated) and synopsis (summary as far as possible in non-technical language, flowchart, diagrammatic representation of the protocol)	ि View File
Investigators Brochure (If applicable for drug / biologicals / device trials)	View File
Participant Information Sheet (PIS) and Informed Consent Form (ICF) (English and translated) with version number and dated	ि View File
Assent form for minors (12-18 years) (English and Translated)	File: null
Proforma / Questionnaire / Case Report Forms (CRF) / Interview guides / Guides for Focused Group Discussions (FGDs) (English and translated)	ଐ View File

Advertisement / material to recruit participants (fliers, posters, etc.)

DCGI Approval letter

Others specify

File: null

File: null