

**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
INSTITUTIONAL ETHICS REVIEW COMMITTEE FORM FOR RECEIVING
PROPOSALS**

1. Title of the proposal
.....
.....
.....
2. Principal Investigator (PI).....Signature.....
3. PI Academic Qualification.....
4. PI Professional Qualification.....
5. PI Institutional Affiliation.....
6. PI Telephone Number.....
7. PI email Address.....
8. Co- Investigator 1.....Signature.....
9. Co- Investigator 1 Academic Qualification.....
10. Co- Investigator 1 Professional Qualification.....
11. Co- Investigator 1 Institutional Qualification.....
12. Co- Investigator 1 Telephone Number.....
13. Co- Investigator 1 email Address.....
14. Co- Investigator 2.....Signature.....
15. Co- Investigator 2 Academic Qualification.....
16. Co- Investigator 2 Professional Qualification.....
17. Co- Investigator 2 Institutional Qualification.....
18. Co- Investigator 2 Telephone Number.....
19. Co- Investigator 2 email Address.....
20. Co- Investigator 3.....Signature.....
21. Co- Investigator 3 Academic Qualification.....
22. Co- Investigator 3 Professional Qualification.....
23. Co- Investigator 3 Institutional Qualification.....
24. Co- Investigator 3 Telephone Number.....
25. Co- Investigator 3 email Address.....
26. Date of proposal submission.....
27. Key Words.....
28. Proposed duration of study.....

29. Name of Institute/Hospital/Field area where the research will be conducted
.....

30. Detail of your Head of Department (HoD)
Name..... Signature.....

31. A brief description of ethical issues in the study and how they will be addressed
.....
.....
.....
.....
.....
.....

32. Does the study have an informed consent form? (Tick the appropriate bracket)
Yes [] No []

33. If yes please attach the consent form
Is there a conflict of interest in your research? For example carrying out research in your work place.
Yes [] No []

34. If yes how do you intend to address the conflict?
.....
.....

FOR OFFICIAL USE

35. Name of the receiving officer.....Date.....
36. Time..... Signature.....
37. Study Category.....
38. Study type.....
39. Reference/code numbers of proposal provided by ERC e.g. 2016/1.....
40. ERC Reference number provided by ERC e.g. 2016/REC-01.....
41. Stage of processing.....
42. Local IRB/ERC processing the proposal.....
43. Date submitted.....

- 44. Reviewer 1.....
- 45. Reviewer 2.....
- 46. Reviewer 3.....
- 47. Status checklist.....
- 48. Stage of processing.....
- 49. Decision by ERC.....
- 50. Date approved.....
- 51. Other comments
.....
.....
.....
.....
- 52. 1st request renewal.....
- 53. Reason for Renewal 1.....
- 54. 2nd Request for renewal.....
- 55. Reason for renewal 2.....
- 56. 3rd request renewal.....
- 57. Reason for Renewal 3.....
- 58. 4th Request for renewal.....
- 59. Reason for renewal 4.....
- 60. 5th Request for renewal.....
- 61. Reason for renewal 5.....
- 62. Cancellation date.....
- 63. Reason for cancellation.....
- 64. Name of approving IRB.....
- 65. Study sites.....
- 66. Records created on adverse events.....
- 67. Frequency of adverse events.....
- 68. Adverse events study/not study related.....
- 69. Chief complaint.....
- 70. Protocol Deviations.....
- 71. Other IRBs.....
- 72. Collaborative study.....