AGA KHAN UNIVERSITY

University Research Council

# Intramural Research Grant Proposal

# CHECKLIST & CLEARANCE

 (Fill as appropriate)

**Title of the proposal**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration of the proposed study**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Study site(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[year(s) and month(s)]

|  |  |  |
| --- | --- | --- |
| 1 | Principal Investigator is a Graduate Student [ ]  Faculty [ ]  | If student, please attach approval letter from your supervisor. |
| 2 | Human subjects or tissues will be used in the study. Yes [ ]  No [ ]  | ERC / RECApproval No…………… |
| 3 | Animals will be used in the study. Yes [ ]  No [ ]  | ECACU Approval No…………… |

|  |  |  |
| --- | --- | --- |
| 4 | AKU associated hospitals or clinics will be used. Yes [ ]  No [ ]  | Please attach Hospital/ Clinic approval letter. |
| 5 | AKF/AKDN facilities and other education centres will be used. Yes [ ]  No [ ]  | Please attach AKF/ AKDN approval letter. |

|  |  |  |
| --- | --- | --- |
| 6 | Collaboration with other national /international institutions Yes [ ]  No [ ]  | Please attach partnership endorsement letter from your Dean /Director and a letter of support from the partnering institution. |

|  |  |  |
| --- | --- | --- |
| 7 | Drug(s) or other medical / surgical intervention(s) Yes [ ]  No [ ] will be used.  | Please attach Clinical Trial Unit (CTU) approval letter. |
| 8 | Lab space will be used Yes [ ]  No [ ]  | Please attach approval letter/form. |
| Name of Lab (please mark ✔) | Pathology Lab (PK/EA) | Juma Lab (PK) | MDL (PK) | Other |
| Lab space is approved from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)  Approval is valid untill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy) |
| **Lab in charge name and signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy) |
| 9 | Bio-hazardous material will be used. Yes [ ]  No [ ]   | Please attach AKU Institutional Biosafety Committee (IBC) approval letter. |

## Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)

##

### **------------------------------------------------------------------------------------------------------------------**

### **ENTITY HEAD / DEPARTMENT CHAIR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the Principal Investigator is a full-time/flexi full-time faculty member/ a graduate student (delete as appropriate) in my department/unit. All necessary space and supplies required have been made available in the department.

|  |  |  |
| --- | --- | --- |
|  |  |  |

### **Signature Date** (dd/mm/yy)