

Applications for Scientific and Ethics Review

Principal Investigator		
Are you the Principal investigator		
^C Yes		
^C No		
Co-investigators Co-investigators		
Co-investigator Co-investigator		
Title		
First Name		
Surname		
Organisation		
Qualification		
Address		
Telephone		

11 January 2023

Reference #: Page 1 of 10

Email	
Country	
Please Select	·
General Information	
Short title of the Research Project.	
The short title should be no more than 5 words	
Sample Application Form	
Full title of the Research Project	
Key words	
Principal Investigator Certificates	
☐ CITI Courses (Specify) ☐ GCP ☐ GCLP ☐ Any other	
Co-investigators certificates	
☐ CITI ☐ GCP ☐ GCLP ☐ Any Other	
What is the duration of the study? Insert the duration in months	

Proposed date of starting the study			
Proposed date of completion			
Funding for the study			
Describe your source of funding for the study			
Please Select			
Date when funding starts			
Date when funding ends			
State the location where the study will be conducted.			
☐ Aga Khan University, Nairobi			
□ Other or additional			
Loyal of the project			
Level of the project			
^C Faculty ^C Staff Research			
C PhD Thesis			
^C Masters Thesis			
^C Undergraduate Research			
^C Other			
Rationale			
What are your study research questions and/or objectives?			

11 January 2023

What is the significance/justification for the study?		
That is the significant of the study.		
Wether delegan		
Methodology		
Is your study prospective or retrospective?		
^C Prospective		
C Retrospective		
C Both prospective and retrospective		
What is your study population?		
viriat is your study population:		
What is your sampling strategy (Sampling frame)?		
Triat is your sampling strategy (sampling name).		
Explain your inclusion and exclusion criteria.		
Describe your methods of data analysis.		
What is your method for determining sample size?		
What is your sample size?		

Participants
Describe the participants (or your sample) and important characteristics (such as age, gender, location, affiliation, inclusion/exclusion e.t.c)
Approval by another Institutional Scientific Ethics Review Committee
Please indicate whether you are applying for a Full Committee Review (FCR), an Expedited Review, an Exemption from FCR or your study has been approved by a previous Kenya based ISERC.
Please Select
Conflict of Interest
Will the researcher(s), members of the research team, and/or their partners or immediate family members receive any personal benefits?
□ Yes □ No
The Consent Process
Describe the process that the investigator(s) will be using to obtain informed consent, including a description of who will be obtaining the informed consent. If there will be no written consent form, explain why.
Attach a copy of the Project Information Sheet (if applicable), the consent form (if applicable), the content of any telephone script, if applicable and any other material which will be used in the informed consent process.
Will the information provided to the participants be complete and accurate?
□ Yes □ No

11 January 2023

Consent by an authorized party	
If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of including any permission/information letter to be provided to the person(s) providing the alternate consent.	consent,
Iternatives to prior individual consent	
If obtaining individual participant consent prior to starting the research project is not appropriate for this research, please e and provide details for a proposed alternative consent process.	xplain
Participant feedback Explain what feedback/information will be provided to the participants and stakeholders after participation in the project. (For example, a more complete description of the purpose of the research, or access to the results of the research).	or
example, a more complete description of the purpose of the research, or access to the results of the research).	
Please provide a copy of the written information if applicable.	
ransfer of Data emanating from the Research	
What records, data or human biological specimens will you be using?	
Please Select	•
For each of the data sources, describe the methods you will use to uphold confidentiality	

Attach a copy of the debriefing feedback if it will be provided.

11 January 2023

Will you require storage space for samples collected in this study? This may include refrigeration/freezer space or storage cabinets.			
	Yes		
	No		
	Not Applicable		
Will a	Il the data be treated as confidential?		
	Yes		
	No No		
Desc	ribe the procedures to be used to ensure anonymity of participants or the data source.		
Desc	ribe how Confidentiality of data collected will be maintained during the conduct of the research and in the release of its		
findin	· · · · · · · · · · · · · · · · · · ·		
lf nar	ticipant anonymity or confidentiality is not appropriate to this research project, explain providing details how all participants will		
	vised of the fact that data will not be anonymous or confidential.		
	•		
-	in how written records,video/audio tapes and questionnaires will be secured, and provide details of their final disposal or		
storaç	ge.		
How	will soft and hard data be transmitted among research personnel?		
	Secure network		
	Password access		
	Data encryption		
	Password protected files		
	Automatic log-off		
	Data de-identified by the research team		
	Locked cabinet		
	Data coded by the research team with a master list secured and kept separately		
	Others		

Will data be transferred outside the Aga Khan University Hospital - Nairobi?		
	Yes	
	No No	
Expor	t of Biological Materials	
Will hu	man biological samples be transfered outside the Aga Khan University Hospital?	
	Yes	
	No	
Are Ma	aterial Transfer Agreements in Place?	
	Yes	
	No	
Will su	bjects specimens be stored for future research?	
	Yes	
	No	
Progr	ess reports and Self assessment report	
Upload	I your Annual Progress Report Form.	
Upload	I your ERB Self Assessment Form	
Seriou	us Adverse Events Reporting	
Upload	a Serious Adverse Event report	

11 January 2023

Document submission
Please upload your study protocol
Please upload your study questionnaire available in any other language
Please upload the Materials Transfer Agreement - if any will be required in this study
Please upload the Data Transfer Agreement - if any will be required in this study
Disease unlessed the NACOCTI magnetic /if annilisable. If not unlessed as asset as it is equilable.
Please upload the NACOSTI permit (if applicable - If not, upload as soon as it is available
Please upload a brief curriculum vitae (upload for all Investigators, supervisors and students involved)
As a word document, upload a list of the most important and relevant publications or presentations over the last five years (papers in press or submitted for publication are also acceptable
Please upload your turn-it in report (anti-plagiarism report) for this study.
Please upload any other relevant document.
Signatures

Upload a SUSAR Report

Signature of the applicant

By signing this form I declare that all the information provided in this application form is correct and that all the details here-in are true to the best of my knowledge.

I agree to be held accountable for any false or plagiarized information that i have provided.

Once you have signed the form please remember to click the submit button on the left hand side.



11 January 2023