<u>Model form to be filled by the Principal Investigator (PI) for</u> <u>submission to Institutional Ethics Committee (IEC)</u>

(For attachment to each copy of the proposal)

Serial No of IEC Management Office:

Proposal Title:

"Molecular and Biochemical Characterization of Outer Membrane Proteins of *Leptospira* towards Understanding the Pathogenesis of Leptospirosis"

	Name, Designation	Address	Signature
	&	Tel & Fax Nos.	
	Qualifications	Email ID	
PI			
Please attach detailed Curriculum Vitae of all Investigators (with subject specific			
publications limited to previous 5 years).			

Tick appropriately

Sponsor Inform	ation :				
1. Indian	a) Government	Central State Institutional			
	b) Private				
2. International	Government	Private UN agencies			
3. Industry	National	Multinational			
Contact Address of Sponsor:					
Total Budget :					

1.Type of Study :	Epidemiological	Basic Sciences Animal studies
Clinical:	Single center	Multicentric Behavioral
2. Status of Review:	New	Revised

3. Clinical Trials:			
Drug /Vaccines/Device/Herbal Remedies :			
i. Does the study involve use of : Drug Devices	Vaccines [
Indian Systems of Medicine/ Any other	NA [
ii. Is it approved and marketed In India UK & Europe	USA [
Other countries, specify			
iii. Does it involve a change in use, dosage, route of administration?	Yes	No	
If yes, whether DCGI's /Any other Regulatory authority's Permission is obtained?If yes, Date of permission :	Yes	No	
iv. Is it an Investigational New Drug? If yes, IND No:	Yes	No	
a). Investigator's Brochure submitted	Yes	No	
b). In vitro studies data	Yes	No	
c). Preclinical Studies done	Yes	No	
d). Clinical Study is : Phase I Phase II Phase III	Phase IV		
 e). Are you aware if this study/similar Yes study is being done elswhere ? If Yes, attach details 			
4. Brief description of the proposal – Introduction, review of literature, aim(s) & objectives, justification for study, methodology describing the potential risks & benefits, outcome measures, statistical analysis and whether it is of national significance with rationale (Attach sheet with maximum 500 words):			
5. Subject selection:			
i. Number of Subjects :			
ii. Duration of study : 2 years	37	NT	
iii. Will subjects from both sexes be recruited	Yes	No	
iv. Inclusion / exclusion criteria given	Yes	No	
v. Type of subjects Volunteers	Patients		

vi.	Vulnerable subjects Yes	No	
	(Tick the appropriate boxes)		
		lderly	
		andicapped	
		nentally	
		hallenged	
	economically &	C	
	socially backward any other		
vii.	Special group subjects Yes	No	
	(Tick the appropriate boxes)		
		employees	
	students nurses/dependent a	rmed	
	5	orces	
6. Privacy a	and confidentiality		
i.	Study involves - Direct Identifiers		┝─┤
	Indirect Identifiers/codec		
	Completely anonymised		
ii.	Confidential handling of data by staff	Yes	No
7. Use of bi	ological/ hazardous materials	Yes	No
i.	Use of fetal tissue or abortus		
ii.	ii. Use of organs or body fluids		No
iii.	Use of recombinant/gene therapy	Yes	No
If yos	has Department of Piotechnology (DPT) approval for	Yes	No
-	has Department of Biotechnology (DBT) approval for A products been obtained?	105	INO
iv.	Use of pre-existing/stored/left over samples	Yes	No
			No
	v. Collection for banking/future research		
vi.	Use of ionising radiation/radioisotopes	Yes	No
If ve	s, has Bhaba Atomic Research Centre (BARC) approval	Yes	No
•	Radioactive Isotopes been obtained?	105	110
vii.			No
viii.	i. Proper disposal of material		No
ix.	Will any sample collected from the patients be sent	Yes	No
	abroad ?		
If Yes, justify with details of collaborators			
	a) Is the proposal being submitted for clearance from	Yes	No
	Health Ministry's Screening Committee (HMSC)		
	for International collaboration?		

b) Sample will be sent abroad because (Tick appropriate box):			
Facility not available in India Facility in India inaccessible Facility available but not being accessed. If so, reasons			
8. Consent : *Written Oral i. Consent form : (tick the included elements)	Audio-v	isual	
Understandable language Alternatives to participation Statement that study involves research Confidentiality of records Sponsor of study Contact information Purpose and procedures Statement that consent is voluntary Risks & Discomforts Right to withdraw Benefits Consent for future use of biological material Compensation for participation Benefits if any on future commercialization Compensation for study related injury eg. genetic basis for drug development *If written consent is not obtained, give reasons:			
ii. Who will obtain consent ? PI/Co-PI Nurse/Counsellor Research staff Any other			
9. Will any advertising be done for recruitment of Subjects ? (posters, flyers, brochure, websites – if so kindly attach a copy)	Yes	No	
10. Risks & Benefits: i. Is the risk reasonable compared to the anticipated benefits	Yes	No	
to subjects / community / country? ii. Is there physical / social / psychological risk / discomfort? If Yes, Minimal or no risk More than minimum risk High risk	Yes	No	
Iii.Is there a benefit a) to the subject ? Direct Indirect b) Benefit to society			
11. Data Monitoring i. Is there a data & safety monitoring committee/ Board (DSMB)?	Yes	No	
ii. Is there a plan for reporting of adverse events ? If Yes, reporting is done to :	Yes	No	
SponsorEthics CommitteeDSMBiii. Is there a plan for interim analysis of data?	Yes	No	

vi. Are the	re plans for storage and maintenance of all trial	Yes	No
database			
If Yes, f	or how long ?		
	ensation for participation?	Yes	No
If Yes,	Monetary In kind		
Specify an	nount and type:		
13. Is there comp	ensation for injury?	Yes	No
If Yes,	by Sponsor by Investigator		
	by insurance by any other		
	company		
14. Do you have	conflict of interest?	Yes	No
(financial	/nonfinancial)		
If Yes, spe	cify :		
Checklist for atta	ached documents:		
	Project proposal 20 Copies		
	Project proposal – 20 Copies		
	Curriculum Vitae of Investigators		
	Brief description of proposal Patient information sheet		
	Informed Consent form		
	Investigator's brochure for recruiting subjection broch		
	Copy of advertisements/Information broch		
	Copy of clinical trial protocol and/or questionnaire		
	Institutional Ethics Committee clearance		
	Institutional Animal Ethics Committee clea	arance	
	CPCSEA clearance, if any		
	HMSC/DCGI/DBT/BARC clearance if		
	obtained		

Place: Date: Signature & Designation of PI/Co-PI/Collaborator