

INDIAN COUNCIL OF MEDICAL RESEARCH

**Model form to be filled by the Principal Investigator (PI) for  
submission to Institutional Ethics Committee (IEC)**

**(For attachment to each copy of the proposal)**

<b>Serial No of IEC Management Office:</b>
--

**Proposal Title:**

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

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

***Tick appropriately***

<b>Sponsor Information :</b>			
1. Indian	a) Government	<input type="checkbox"/>	Central <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/>
	b) Private	<input type="checkbox"/>	
2. International	Government	<input type="checkbox"/>	Private <input type="checkbox"/> UN agencies <input type="checkbox"/>
3. Industry	National	<input type="checkbox"/>	Multinational <input type="checkbox"/>
<b>Contact Address of Sponsor:</b>			
<b>Total Budget :</b>			

<b>1.Type of Study :</b>	Epidemiological <input type="checkbox"/>	Basic Sciences <input type="checkbox"/>	Animal studies <input type="checkbox"/>
	Clinical: Single center <input type="checkbox"/>	Multicentric <input type="checkbox"/>	Behavioral <input type="checkbox"/>
<b>2. Status of Review:</b>	New <input type="checkbox"/>	Revised <input type="checkbox"/>	

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<b>3. Clinical Trials:</b>		
<b>Drug /Vaccines/Device/Herbal Remedies :</b>		
i. Does the study involve use of :		
Drug <input type="checkbox"/>	Devices <input type="checkbox"/>	Vaccines <input type="checkbox"/>
Indian Systems of Medicine/ Alternate System of Medicine <input type="checkbox"/>	Any other <input type="checkbox"/>	NA <input type="checkbox"/>
ii. Is it approved and marketed		
In India <input type="checkbox"/>	UK & Europe <input type="checkbox"/>	USA <input type="checkbox"/>
Other countries, specify <input type="checkbox"/>		
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?	Yes	No
If yes, Date of permission :		
iv. Is it an Investigational New Drug?	Yes	No
If yes, IND No:		
a). Investigator's Brochure submitted	Yes	No
b). <i>In vitro</i> studies data	Yes	No
c). Preclinical Studies done	Yes	No
d). Clinical Study is : Phase I <input type="checkbox"/>	Phase II <input type="checkbox"/>	Phase III <input type="checkbox"/>
	Phase IV <input type="checkbox"/>	
e). Are you aware if this study/similar study is being done elsewhere ?	Yes	No
If Yes, attach details		
<b>4. Brief description of the proposal</b> – 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):		
<b>5. Subject selection:</b>		
i. Number of Subjects :		
ii. Duration of study : 2 years		
iii. Will subjects from both sexes be recruited	Yes	No
iv. Inclusion / exclusion criteria given	Yes	No
v. Type of subjects	Volunteers <input type="checkbox"/>	Patients <input type="checkbox"/>



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vi.	Vulnerable subjects (Tick the appropriate boxes)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	pregnant women	<input type="checkbox"/>	children	<input type="checkbox"/>	elderly
	fetus	<input type="checkbox"/>	illiterate	<input type="checkbox"/>	handicapped
	terminally ill	<input type="checkbox"/>	seriously ill	<input type="checkbox"/>	mentally challenged
	economically & socially backward	<input type="checkbox"/>	any other	<input type="checkbox"/>	
vii.	Special group subjects (Tick the appropriate boxes)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	captives	<input type="checkbox"/>	institutionalized	<input type="checkbox"/>	employees
	students	<input type="checkbox"/>	nurses/dependent	<input type="checkbox"/>	armed
	any other	<input type="checkbox"/>	staff	<input type="checkbox"/>	forces
<b>6. Privacy and confidentiality</b>					
i.	Study involves -	Direct Identifiers	<input type="checkbox"/>	Indirect Identifiers/coded	<input type="checkbox"/>
		Completely anonymised/ delinked	<input type="checkbox"/>		
ii.	Confidential handling of data by staff	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>7. Use of biological/ hazardous materials</b>					
i.	Use of fetal tissue or abortus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii.	Use of organs or body fluids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii.	Use of recombinant/gene therapy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	<b>If yes, has Department of Biotechnology (DBT) approval for rDNA products been obtained?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv.	Use of pre-existing/stored/left over samples	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
v.	Collection for banking/future research	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vi.	Use of ionising radiation/radioisotopes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	<b>If yes, has Bhaba Atomic Research Centre (BARC) approval for Radioactive Isotopes been obtained?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vii.	Use of Infectious/biohazardous specimens	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
viii.	Proper disposal of material	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ix.	Will any sample collected from the patients be sent abroad ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If Yes, justify with details of collaborators</b>					
a)	Is the proposal being submitted for clearance from Health Ministry's Screening Committee (HMSC) for International collaboration?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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vi. Are there plans for storage and maintenance of all trial database? <b>If Yes, for how long ?</b>	Yes	No																								
<b>12. Is there compensation for participation?</b> <b>If Yes,</b> Monetary <input type="checkbox"/> In kind <input type="checkbox"/>  Specify amount and type:	Yes	No																								
<b>13. Is there compensation for injury?</b> <b>If Yes,</b> by Sponsor <input type="checkbox"/> by Investigator <input type="checkbox"/> by insurance <input type="checkbox"/> by any other <input type="checkbox"/> company	Yes	No																								
<b>14. Do you have conflict of interest?</b> <b>(financial/nonfinancial)</b> <b>If Yes, specify :</b>	Yes	No																								
<b>Checklist for attached documents:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Project proposal – 20 Copies</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Curriculum Vitae of Investigators</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Brief description of proposal</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient information sheet</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Informed Consent form</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Investigator’s brochure for recruiting subjects</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copy of advertisements/Information brochures</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copy of clinical trial protocol and/or questionnaire</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Institutional Ethics Committee clearance</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Institutional Animal Ethics Committee clearance</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CPCSEA clearance, if any</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>HMSC/DCGI/DBT/BARC clearance if obtained</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Project proposal – 20 Copies	<input type="checkbox"/>	Curriculum Vitae of Investigators	<input type="checkbox"/>	Brief description of proposal	<input type="checkbox"/>	Patient information sheet	<input type="checkbox"/>	Informed Consent form	<input type="checkbox"/>	Investigator’s brochure for recruiting subjects	<input type="checkbox"/>	Copy of advertisements/Information brochures	<input type="checkbox"/>	Copy of clinical trial protocol and/or questionnaire	<input type="checkbox"/>	Institutional Ethics Committee clearance	<input type="checkbox"/>	Institutional Animal Ethics Committee clearance	<input type="checkbox"/>	CPCSEA clearance, if any	<input type="checkbox"/>	HMSC/DCGI/DBT/BARC clearance if obtained	<input type="checkbox"/>
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Place:  
Date:

Signature & Designation of PI/Co-PI/Collaborator