

বাংলাদেশ মেডিকেল বিশ্ববিদ্যালয় Bangladesh Medical University শাহবাগ, ঢাকা-১০০০।		IRB APPLICATION FORM	
RESEARCH PROTOCOL Number: Version No: Version date:	FOR OFFICE USE ONLY		
	IRB Meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: 23-Dec-2024
	IRB Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Amendment application date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Amendment approval date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

Institutional Review Board (I.R.B) Application Form

01.	Title of the study	:	
02.	Name of the Researcher/ Principal Investigator	:	
05.	Name of Institute	:	
08.	Co-Investigators	:	
09.	Place of Study	:	
10.	Type of study	:	(Check all that Apply)
	<input type="checkbox"/> Case Control study		<input type="checkbox"/> Programme (Umbrella Project)
	<input type="checkbox"/> Clinical Trial (Hospital/Clinic/Field) *		<input type="checkbox"/> Prophylactic Trial
	<input type="checkbox"/> Community-based Trial/Intervention		<input type="checkbox"/> Record Review
	<input type="checkbox"/> Cross Sectional Survey		<input type="checkbox"/> Secondary Data Analysis
	<input type="checkbox"/> Longitudinal Study		<input type="checkbox"/> Surveillance/Monitoring
	<input type="checkbox"/> Meta-analysis		<input type="checkbox"/> Systemic Review
	<input type="checkbox"/> Programme Evaluation		<input type="checkbox"/> Other (Specify): _____
11.	Duration of study	:	
12.	Total cost	:	
13.	Funding Agency (If Applicable)	:	
14.	Study Population: Sex, Age, Special Group and Ethnicity		
	Research Subject: <input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Microorganism <input type="checkbox"/> Other (specify): _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Special Group: <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Fetuses <input type="checkbox"/> Prisoners <input type="checkbox"/> Destitute <input type="checkbox"/> Service Provides <input type="checkbox"/> Cognitively Impaired <input type="checkbox"/> Expatriates <input type="checkbox"/> Immigrants	

	<input type="checkbox"/> Transgender Age: <input type="checkbox"/> 0 – 4 Years <input type="checkbox"/> 5 – 10 Years <input type="checkbox"/> 11 – 17 Years <input type="checkbox"/> 18 – 64 Years <input type="checkbox"/> 65+	<input type="checkbox"/> Refugee <input type="checkbox"/> Other (specify): _____ Ethnicity: <input type="checkbox"/> No ethnic selection (Bangladeshi) <input type="checkbox"/> Other (specify): _____														
15.	Consent Process: (Check all that apply) <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> None	Language: <input type="checkbox"/> Bangla <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____														
	a) Will study tools/questionnaire be used for this protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (If yes, tools/ questionnaire must be attached)														
16.	Proposed Sample Size: Sub-group (Name of subgroup e.g. Men, Women) and Number															
17.	Study Site:															
18.	Collaborating Institute (s): Please provide full official address Institution/ Department # 1 <table border="1"> <tr><td>Name</td><td></td></tr> <tr><td>Contact person</td><td></td></tr> <tr><td>Department</td><td></td></tr> <tr><td>Institution</td><td></td></tr> <tr><td>Directorate (in case of GoB i.e. DGHS)</td><td></td></tr> <tr><td>Ministry</td><td></td></tr> <tr><td>Other:</td><td></td></tr> </table>		Name		Contact person		Department		Institution		Directorate (in case of GoB i.e. DGHS)		Ministry		Other:	
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	Collaborating Institute (s): Please provide full official address Institution/ Department # 2 <table border="1"> <tr><td>Name</td><td></td></tr> <tr><td>Contact person</td><td></td></tr> <tr><td>Department</td><td></td></tr> <tr><td>Institution</td><td></td></tr> <tr><td>Directorate (in case of GoB i.e. DGHS)</td><td></td></tr> <tr><td>Ministry</td><td></td></tr> <tr><td></td><td></td></tr> </table>		Name		Contact person		Department		Institution		Directorate (in case of GoB i.e. DGHS)		Ministry			
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19.	Determination of Risk: Does the Research Involve (Check all that apply)															
	<input type="checkbox"/> Human exposure to radioactive agents? <input type="checkbox"/> Fetal tissue or abortus? <input type="checkbox"/> Investigational new device? Specify: _____	<input type="checkbox"/> Human exposure to infectious agents? <input type="checkbox"/> Investigational new drugs? <input type="checkbox"/> Existing data available via public archives/ sources? <input type="checkbox"/> Pathological or diagnostic clinical specimen														

	<input type="checkbox"/> Existing data available from Department?	only? <input type="checkbox"/> Observation of public behavior? <input type="checkbox"/> New treatment regime?							
19.	Will the data be recorded in a way that allows study participants to be identified either directly or through information linked to them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	Does the research address sensitive topics related to the study participants' sexual behavior, alcohol consumption, or illegal activities such as drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
20.	Does the study involve any biohazards materials/agents' microorganisms of risk group 2, 3, or 4?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	Biological Specimen use	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	Will the biological specimen be stored for future use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	If the response is 'yes', how long the specimens will be preserved?								
	Will the specimens be shipped to other country/ countries? If yes, name of institution(s) and country/countries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	Who will be the custodian of the specimen at BMU?								
	Who will be the custodian of the specimen when shipped outside Bangladesh?								
	Who will be the owner(s) of the specimens?								
	Will the consent be obtained from the study participants for use of the preserved specimen for other initiative(s) unrelated to this study, without their re-consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	Has a MoU been signed with regards to collection, storage, use and ownership of specimen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
21.	Do you consider this research? (Check one)								
	<input type="checkbox"/> Greater than minimal risk	<input type="checkbox"/> No more than minimal risk	<input type="checkbox"/> Only part of the diagnostic test						
22. Contribution by the Members of the Scientific Team:									
Members' Name	Contribution								
	Research Idea/ concept	Study Design	Protocol writing	Respond to Reviewers and documents	Defending at IRB	Developing Data collection Tool(s)	Data collection	Data analysis and interpretation	Manuscript writing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Dissemination type	Response		Description (if the response is a yes)					
		No	Yes						
	Please provide a detailed description of the dissemination plans, including how the research findings will be shared with stakeholders, specifying them if known, and the methods to be used. Indicate the anticipated type of publication, such as working papers, internal (institutional) publications, international journals, or presentations at international conferences, seminars, workshops, or agencies.								
	Seminar	<input type="checkbox"/>	<input type="checkbox"/>						
	Internal publication	<input type="checkbox"/>	<input type="checkbox"/>						
	Working paper	<input type="checkbox"/>	<input type="checkbox"/>						
	Sharing with GoB (e.g.	<input type="checkbox"/>	<input type="checkbox"/>						

	DGHS/ Ministry, others)			
	Sharing with national NGOs	<input type="checkbox"/>	<input type="checkbox"/>	
	Presentation at international workshop/conference	<input type="checkbox"/>	<input type="checkbox"/>	
	Peer-reviewed publication	<input type="checkbox"/>	<input type="checkbox"/>	
	Sharing with international agencies	<input type="checkbox"/>	<input type="checkbox"/>	
	Policy brief	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Funding:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	Is the protocol fully funded?			
	If the answer is yes, please provide sponsor's name			
	Is the protocol partially funded?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If the answer is yes, please provide sponsor's name	1.		
		2.		
	If fund has not been identified:			
	Is the proposal being submitted for funding?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If yes, name of the funding agency			
24.	Conflict of interest:			
	Do any of the participating investigators and/or member(s) of their immediate families have an equity relationship (e.g. stockholder) with the sponsor of the project or manufacturer and/or owner of the test product or device to be studied or serve as a consultant to any of the above?			
	<input type="checkbox"/> No	<input type="checkbox"/> Yes ((please submit a written statement of disclosure to the BMU)		

I hereby certify that the information provided is true, complete, and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. I accept responsibility for the scientific integrity of the project and commit to submitting the necessary progress reports, including updating protocol details, if this application results in a grant award.

We agree to obtain approval of the Institutional Review Board of BMU for any changes involving the rights and welfare of subjects or any changes of the Methodology before making any such changes.

Principle Investigator

Comments of Reviewer 1	Comments of Reviewer 2
<input type="checkbox"/> Can be accepted	<input type="checkbox"/> Can be accepted
<input type="checkbox"/> Can be accepted with minor corrections	<input type="checkbox"/> Can be accepted with minor corrections
<input type="checkbox"/> Can be accepted with major corrections	<input type="checkbox"/> Can be accepted with major corrections
<input type="checkbox"/> Reject and rewrite the Protocol	<input type="checkbox"/> Reject and rewrite the Protocol
Name and signature	Name and signature
Date:	Date:
Seal	Seal

**Put Tick sign (✓) against appropriate answers to each of the following statement
(If not Applicable, Please write N/A)**

Protocol Number:							Version No.;	Version date:
Principal Investigator								

Protocol Title:

01.	Study population:	Yes	No	05.	Participants will be informed about:	Yes	No	NA
	(a) Ill participants	<input type="checkbox"/>	<input type="checkbox"/>		(a) Nature and purpose of the study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Non-ill participants	<input type="checkbox"/>	<input type="checkbox"/>		(b) Procedure to be followed including available alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Minor or persons under guardianship	<input type="checkbox"/>	<input type="checkbox"/>		(c) Risk-physical, social, psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Others: Pregnant mother	<input type="checkbox"/>	<input type="checkbox"/>		(d) Sensitive questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.	Does the study involve:	Yes	No		(e) Benefits to be derived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Physical risk to participants	<input type="checkbox"/>	<input type="checkbox"/>		(f) Right to refuse to participate or to withdraw from the study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Social risk to participants	<input type="checkbox"/>	<input type="checkbox"/>		(g) Confidential handling of data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Psychological risks to participants	<input type="checkbox"/>	<input type="checkbox"/>		(h) Provision for compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Discomfort to participants	<input type="checkbox"/>	<input type="checkbox"/>					
	(e) Invasion of participants' privacy	<input type="checkbox"/>	<input type="checkbox"/>	06.	Precautions to be taken to protect anonymity of study participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
	(f) Disclosure of information damaging to participants or others	<input type="checkbox"/>	<input type="checkbox"/>					
03.	Does the study involve use of	Yes	No	07.	The following have been included	Yes	No	NA
	(a) Body fluids or organs	<input type="checkbox"/>	<input type="checkbox"/>		(a) IRB Project Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Records (hospital, medical, death or other)	<input type="checkbox"/>	<input type="checkbox"/>		(b) Consent form for adult participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Stored biological specimens	<input type="checkbox"/>	<input type="checkbox"/>		(c) Consent form from parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Data from Previous study	<input type="checkbox"/>	<input type="checkbox"/>		(d) Assent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.	Informed written consent/assent be obtained from:	Yes	No	NA	(e) Consent form of previous studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Adult participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) MOU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent or guardian or next to kin (if participants are <11 years of age/or under guardianship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Questionnaire/Research instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Participants aged 11-17 years (Assent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

I agree to abide by the approved protocol and shall obtain prior approval of the IRB for any changes in the protocol.

Principal Investigator

INSTRUCTIONS FOR PREPARATION OF AN PROTOCOL FOR THE INSTITUTIONAL REVIEW BOARD (IRB), BMU

Check documents being submitted here with to Board (Total eight copies should be submitted):

- **IRB Application form**
- **List of abbreviation**
- **Abstract**
 1. Principal investigator
 2. Research Protocol title
 3. Proposed start date
 4. Estimated end date
 5. Background information (in brief)- Burden, Knowledge gap, relevance and rationale
 6. Hypothesis to be tested/ Research Question
 7. Objectives
 8. Study design and methodology
 9. Outcome variables/ Outcome measurement

- **Description of the Research project**

1. Background of the project [Establish the scientific validity of the hypothesis by grounding it in the background information of the proposed study and referencing prior research on the topic. Address the relevance of sex, gender, and diversity factors, such as ethnicity and socioeconomic status (SES), and support the discussion with specific references. Critically evaluate the existing body of knowledge, highlighting the questions and gaps that remain unresolved and need to be addressed to meet the proposed objectives. If the subject lacks adequate information, emphasize the necessity of generating new insights to advance understanding in the field.]

2. Study design and methodology

[This research will employ a well-defined design and methodology to achieve its specific aims. The study will adhere to strict laboratory protocols, including the use of personal protective equipment (PPE), aerosol confinement techniques, and, if necessary, BSL2 or BSL3 laboratory facilities for specific procedures. The study population will be clearly defined with inclusion and exclusion criteria, supported by a robust sampling strategy to ensure relevance and representativeness. Primary outcome and exposure variables will be identified and measured using validated data collection tools, with follow-up plans incorporated if applicable. The methodological approach, whether biomedical, social, gender-sensitive, or environmental, will be scientifically justified to ensure validity. Potential limitations and challenges will be acknowledged, with strategies outlined to mitigate them, ensuring the robustness of the research process.]

- a) Study duration
- b) Study site/s
- c) Study population
- d) Selection Criteria
- e) Sample size calculation [State the assumptions clearly, including those related to the study population and data reliability. Specify the desired power (e.g., 80%) and precision level (e.g., 0.05 significance level). Describe the optimal conditions necessary to achieve the required sample size, such as accessibility to a large population, low dropout rates, and efficient sampling strategies.]
- f) Patient enrollment and data collection
- g) Study procedure
- h) Sample collection procedure
- i) Method details (lab procedure/ other methods applied- in details)
- j) Follow up of the enrolled patients (if any planned)
- k) Operational definition

- l) Data safety monitoring Plan (DSMP) if required
- m) Study flow chart

3. **Data Analysis** [Outline the data analysis plans, including a detailed strategy for stratifying results by sex, gender, and diversity factors such as ethnicity and socioeconomic status. Specify whether the investigators will perform the analysis or if it will be outsourced to other professionals. Clearly state the statistical software packages to be used (e.g., SPSS, R, or STATA). If the study is blinded, explain when the blinding code will be opened. For clinical trials, mention whether interim data analysis will be conducted to guide decisions on the study's future course. Ensure all procedures align with the study objectives and ethical standards.]
4. **Data storage and record keeping**
5. **Ethical Assurance for Protection of Human rights** [Describe the procedures to ensure privacy of the participants]
6. **Patient / participant confidentiality** [Include a description of the methods for safeguarding confidentiality of data and protecting anonymity of the participant.]
7. **Use of animal** (if applicable) [Describe if and the type and species of animals to be used in the study. Justify with reasons the use of particular animal species in the research and the compliance of the animal ethical guidelines for conducting the proposed procedures.]
8. **Potential risk of the project** [Describe any potential physical, psychological, social, legal or other risks and seriousness of such risks. If methods of research create potential risks, describe other methods, if any, that were not considered for specific reasons. Describe procedures for protecting against or minimizing potential risks and an assessment of their likely effectiveness.]
9. **Collaborative arrangement** [Describe if this study involves any scientific, administrative, fiscal, or programmatic arrangements with other national or international organizations or individuals. Indicate the nature and extent of collaboration and include a letter of agreement between the applicant or his/her organization and the collaborating organization.]
10. **Literature cited** [Identify all cited references to published literature in the text by number in parentheses. List all cited references sequentially as they appear in the text. For unpublished references, provide complete information in the text and do not include them in the list of Literature Cited. There is no page limit for this section, however, exercise judgment in assessing the “standard” length]
11. **Detailed budget and budget justification.** [Please provide one-page statement justifying the budgeted amount for each major item, including the use of human resources, major equipment, and laboratory services]

- Appendix 1: Information sheet for participation (English and Bangla)
- Appendix 2: Consent for participants/ assents
- Appendix 3: Questionnaire (English)/ Case record form
- Appendix 4: Questionnaire (Bangla)
- Appendix 5: SOP /Laboratory manuals