

বাংলাদেশ মেডিকেল বিশ্ববিদ্যালয় Bangladesh Medical University Shahbag, Dhaka-1000		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:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	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 student	:	
03.	Address of the student	:	
04.	Contact number	:	
05.	Email	:	
06.	Name of Institute	:	
07.	Is this research in fulfillment of a degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
08.	Degree Registered for	:	
09.	Guide's Name	:	
10.	Guide's Email address	:	
11.	Guide's Institute	:	
12.	Co-Investigators	:	
13.	Place of Study	:	
14.	Type of study	:	(Check all that Apply)
	<input type="checkbox"/> Case Control study		<input type="checkbox"/> Longitudinal study
	<input type="checkbox"/> Randomized Controlled trial		<input type="checkbox"/> Observation Clinical Study
	<input type="checkbox"/> Clinical Trial (Phase I, II, III, IV)		<input type="checkbox"/> Meta-Analysis and systemic Reviews
	<input type="checkbox"/> Community Based Trial		<input type="checkbox"/> Secondary Data Analysis
	<input type="checkbox"/> Cross Sectional		<input type="checkbox"/> Surveillance /Monitoring
	<input type="checkbox"/> Cohort Study (Prospective and retrospective)		<input type="checkbox"/> Mixed methods research combining qualitative and quantitative
	<input type="checkbox"/> Health Programmed Evaluation/ Quality Improvement		<input type="checkbox"/> Outbreak investigation
			<input type="checkbox"/> Risk factor analysis
	<input type="checkbox"/> Systemic Review		<input type="checkbox"/> Retrospective Chart Reviews
	<input type="checkbox"/> Pilot/Feasibility Study		<input type="checkbox"/> Use of existing Databases
	<input type="checkbox"/> Registry-Based Studies		<input type="checkbox"/> Medical wearables and Sensors Study
	<input type="checkbox"/> Curriculum Evaluation Study		<input type="checkbox"/> Investigational Device Exemption (IDE) Study
	<input type="checkbox"/> Teaching Methodologies Study		<input type="checkbox"/> Others.....

	<input type="checkbox"/> Interventional studies (non-clinical trials): behavior, educational, psychological, lifestyle modifications	
15.	Duration of study	:
16.	Proposed start date of the project	:
17.	Proposed end date of the project	:
18.	Total cost	:
19.	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 <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+	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"/> 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 Department/Institute (s): Please provide full official address Institution/ Department # 1	
	Name	
	Contact person	
	Department	
	Institution	
	Directorate (in case of GoB i.e. DGHS)	
	Ministry	

	Other:		
	Collaborating Institute (s): Please provide full official address		
	Institution/ Department # 2		
	Name		
	Contact person		
	Department		
	Institution		
	Directorate (in case of GoB i.e. DGHS)		
	Ministry		
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"/> Existing data available from Department?	<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 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 relate 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 and give justification)		
	<input type="checkbox"/> Greater than minimal risk	<input type="checkbox"/> No more than minimal risk	<input type="checkbox"/> Only part of the diagnostic test
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.

.....
Student/Researcher

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					
	(a) Body fluids or organs	<input type="checkbox"/>	<input type="checkbox"/>	07.	The following have been included	Yes	No	NA
	(c) Records (hospital, medical, death or other)	<input type="checkbox"/>	<input type="checkbox"/>		(a) IRB Project Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Stored biological specimens	<input type="checkbox"/>	<input type="checkbox"/>		(b) Consent form for adult participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Data from Previous study	<input type="checkbox"/>	<input type="checkbox"/>		(c) Consent form from parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.	Informed written consent/assent be obtained from:	Yes	No	NA	(d) Assent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Adult participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Consent form of previous studies	<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"/>	(f) MOU	<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"/>	(h) Questionnaire/Research instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare that:

- I undertake to abide by the ethical principles underlying the Declaration of Helsinki (1964, as amended) and good practice guidelines on the proper conduct of research.
- I agree to conduct my project on the basis set out in this form, and to consult my Guide if making any subsequent changes – especially any that would affect the information given with respect to ethics approval.
- I undertake to adhere to all conditions set out by review bodies in giving approval and will not start the project until all required approvals are in place

- I agree to comply with the relevant safety requirements
- I confirm that there are no conflicts of interest that preclude my participation in the project

Student

I declare that:

- I agree that the information submitted in this application is a reasonable summary of the proposed project.
- I agree that this form correctly indicates whether or not ethics approval will be required.
- I confirm that there are no conflicts of interest that preclude my role as supervisor for this project.

Guide/Supervisor

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. Background information (in brief)- Burden, Knowledge gap, relevance and rationale
 2. Hypothesis to be tested/ Research Question
 3. Objectives
 4. Study design and methodology
 5. Outcome variables/ Outcome measurement
- **Description of the Research project**

1. Background of the project [Give an outline of the proposed project, including background to the proposal. Sufficient detail must be given to allow the Committee to make an informed decision without reference to other documents.]

2. Rationale of the study [State the intended value of the project, detailing why the topic is of interest or relevance.]

3. Study design and methodology

[Specify the procedures/methodology to be conducted during the project. For literature reviews, include details on search strategy, search terms, inclusion and exclusion criteria. Specify numbers, with scientific justification for sample size, age, gender, source and method of recruiting participants for the research project.]

- 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

4. 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.]

5. Data storage and record keeping [State how your data will be stored and what will be done with it at the end of the project.]

6. Ethical Assurance for Protection of Human rights [Describe the procedures to ensure privacy of the

participants]

7. Patient / participant confidentiality [Include a description of the methods for safeguarding confidentiality of data and protecting anonymity of the participant. Specify how confidentiality will be maintained with respect to the data collected. When small numbers are involved, indicate how possible identification of individuals will be avoided. Where data will be anonymized, specify how this will be done.]

8. 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.]

9. Potential risk of the project [State the potential discomfort, distress or hazards that research participants may be exposed to (these may be physical, biological and/or psychological). What precautions are being taken to control and modify these? Include information on hazardous substances that will be used or produced, and the steps being taken to reduce risks.]

10. 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.]

11. 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]

12. 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

Proposed Budget format

Total Budget	
Study title	
Student/ Resident Name	
Supervisor's Name	
Start Date	
Duration	

	12-month project			
Costs	Unit Cost	Unit (of cost)	Quantity	Total
Equipment				
Subtotal				
Consumables/ Laboratory test related cost				
		per sample		
		per sample		
		per sample		
Subtotal				
Travel and subsistence				
Subtotal				
Training and meetings				
		per staff member		
		per participants		
Subtotal				
Miscellaneous				
Photocopy and printing				
Subtotal				
TOTAL COSTS				
Overhead cost (10% of total direct cost)				
TOTAL COSTS (including direct and indirect cost)				