**IRB Application Form**

# Protocol Information

|  |  |
| --- | --- |
| Protocol number | To be filled by IRB |
| Project Title | Click or tap here to enter text. |
| Keywords |  |
| Applicant’s Institute | JPGSPH  BIGD  BRAC IED  Other |
| If other, please specify | Click or tap here to enter text. |
| Sponsoring Centre of Excellence/Hub (Only for BRAC JPGSPH study) | CGSRHR  COE-SISU  CNCDN  CoE-HS&UHC  CUEH  Humanitarian Hub  CCEH Hub  HEPP Hub  Qualing Hub |

|  |  |
| --- | --- |
| **Principal Investigator** *(Please create additional tables below if there is more than one Principal Investigator)* |  |
| Name | Click or tap here to enter text. |
| Designation |  |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Work address (including postcode) | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  *(One must have to fulfil at least one responsibility)* | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis and interpretation  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information (PII) of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add name, designation, and academic address along with email address here)? | Click or tap here to enter text. |

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| **Country Research Lead** (*If different from the PI)*  *(If both the Country Research Lead and the PI are from Bangladesh, please justify why the PI cannot lead the study in Bangladesh. The Country Research Lead must hold a role as Co-PI, or Investigator.)* | |
| Name | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Work address (including postcode) | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Role in this study | Co-Principal Investigator  Investigator |
| Responsibilities in this study  *(One must have to fulfil at least one responsibility)* | Development of the research idea/conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis and interpretation  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information (PII) of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add name, designation, and academic address along with email address here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Corresponding Person for the IRB** (*If not the same as the PI or the Country Lead*) | |
| Name | Click or tap here to enter text. |
| E-mail of the corresponding person | Click or tap here to enter text. |
| Phone number of the corresponding person | Click or tap here to enter text. |

# Proposed study dates and duration

|  |  |
| --- | --- |
| Research start date | Click or tap to enter a date. |
| Research end date | Click or tap to enter a date. |
| Fieldwork start date *(The fieldwork start date cannot be earlier than the IRB approval date)* | Click or tap to enter a date. |
| Fieldwork end date | Click or tap to enter a date. |

# Other members of the research team (*e.g., co-investigators, co-supervisors*)

*Please include the names of all investigators who have been significantly involved with the research project as defined by the “Roles and Responsibilities” section below. All research team members with access to the personal identification information (PII) of the study participants should be included here. This may preclude field supervisors and enumerators. Please ensure that all such investigators included here must have the necessary research ethics training and must provide their certificates issued within three years from the time of the application. Please note that the current form will allow including up to 10 investigators. If you need to add more people, please inform the IRB. IRB will prepare an appropriate form and share it.*

|  |  |
| --- | --- |
| **Investigator #1** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #2** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #3** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #4** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #5** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #6** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #7** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #8** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #9** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Investigator #10** |  |
| Name (Title, first name, surname) | Click or tap here to enter text. |
| Designation | Click or tap here to enter text. |
| Department/School/Institute | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Responsibilities in this study  (One must have to fulfil at least one responsibility) | Development of the research idea / conceptualization  Study design  Protocol writing  Respond to External reviewers’ comments  Defending at IRB (if needed)  Developing data collection tool(s)  Data collection  Data analysis / interpretation of results  Dissemination of the findings (e.g., oral presentation, report, manuscripts, etc.) |
| Will this investigator have access to the Personal Identification Information of the study participants? | Yes  No |
| Is this person a student researcher? | Yes  No |
| If yes, then who is the supervisor (add a name, designation, and academic address along with email here)? | Click or tap here to enter text. |

# Description of the research

|  |  |
| --- | --- |
| Research on or with human participants | Yes  No |
| New data collected by qualitative methods | Yes  No |
| New data collected by quantitative methods | Yes  No |
| New data collected from observing individuals or populations | Yes  No |
| Routinely collected data or secondary data | Yes  No |
| Research working with aggregated or population data | Yes  No |
| Research using already published data or data in the public domain | Yes  No |
| Research working with human tissue samples | Yes  No |

# Types of participants

*Examples of vulnerable groups-children, prisoners, pregnant women, people with cognitive impairment, economically or educationally disadvantaged persons, etc.*

|  |  |
| --- | --- |
| Gender | Female Male Other |
| Age under 18 | Yes  No |
| If yes, then specify the age group | Click here to enter text. |
| Adults with disabilities | Yes No |
| If yes, what kind | Hearing disability  Intellectual disability  Visual disability  Physical disability  Multiple disability  Other |
| Other, please specify | Click or tap here to enter text. |
| Adults in emergency situations (e.g., refugees, disaster affected population) | Yes  No |
| Prisoners or young offenders | Yes  No |
| Those who could be considered to have a particularly dependent relationship with the investigator(s), e.g., members of staff, students | Yes  No |
| Other vulnerable groups | Yes  No |
| If yes, specify |  |
| Please justify the inclusion of the above groups, explaining why the research cannot be conducted on non-vulnerable groups | Click here to enter text. |
| Do you think any of the “conditions” mentioned above may impair giving informed consent? | Yes  No |
| If yes, what step(s) are you proposing to mitigate this? |  |

# Short background, including the research justification and objectives (*Recommended within 800 words; If the word limit exceeds, please submit supporting/additional information in the Appendix section as a separate document. Add the references in the Reference section)*

|  |
| --- |
| Click or tap here to enter text. |

# Description of the research methodology

*In this section, you must describe the research location, design, sample size, sampling method, recruitment process, data collection process, data analysis, and any other section you deem appropriate. It must be in a language comprehensible to a layperson. It is important that the study can provide information about the aims that it intends to address. If a study cannot answer the questions/add to the knowledge base that it intends to due to how it is designed, then wasting participants’ time could be an ethical issue.*

|  |
| --- |
| Click or tap here to enter text. |

# List of data collection procedures

*Please check the boxes for all applicable data collection procedures you plan to include in the study.*

|  |
| --- |
| One-on-one qualitative interviews (KIIs, IDIs, etc.)  Focus Groups  Questionnaires/surveys  Secondary Data Analysis (medical record data, educational records, government, or private sector datasets, etc.)  Observation checklist(s)  Ethnography  Photography/Video  GIS Location  Physiological measurements (e.g., EEG, EKG, MRI, Retinal Image)  Biospecimen collection (saliva samples, blood draws, hair samples, etc.)  Mobile applications/data collection devices (e.g., Wearables, Fitbits, actigraphs, etc.)  Behavioural decision-making tasks (e.g., puzzles, interactive games, etc.)  Other procedures (briefly list types of procedures here if not covered by the checkboxes above):  Click or tap here to enter text. |

# In what kind of setting will the research be undertaken? *(i.e., in the street, on any premises, in schools. If your research includes different groups, please elaborate on their different locations for example, mothers/ students whether they will be interviewed in different settings)*

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| --- |
| Click or tap here to enter text. |

# Will you be excluding any groups of people, and if so, what is the rationale for that?

*In some circumstances, excluding certain groups of people, intentionally or unintentionally, may be unethical. It may be wholly appropriate to exclude groups of people in other cases.*

|  |
| --- |
| Click or tap here to enter text. |

# Brief Descriptions of the intervention(s), if applicable.

|  |  |
| --- | --- |
| Will this study involve any intervention(s) | Yes  No |
| If yes, please provide a short description here. | Click or tap here to enter text. |
| Will any of the investigators be involved in selection of the beneficiaries? | Yes  No |
| If yes, how participants will be selected for the interventions? | Click or tap here to enter text. |
| Please include how a control or comparison group will be formed, if applicable. | Click or tap here to enter text. |
| Do you think the interventions will impose any risks to the beneficiaries compared to a normal situation? | Click or tap here to enter text. |
| If yes, what measures will you take to mitigate such risks? | Click or tap here to enter text. |

# Will the research involve any element of deception?

*Deception: Deception is when a researcher gives false information to subjects or intentionally misleads them about some key aspect of the research. Deception can only be used when there are no reasonably effective alternative methods available to achieve the research goals. Deception can only be used with study components that involve minimal risks (as determined by the IRB). Whenever possible, researchers must debrief subjects about the deception. If yes, please describe why this is necessary and whether participants will be informed at the end of the study).*

|  |
| --- |
| Click or tap here to enter text. |

# Consent Process

**M1.** Will informed consent be obtained from the research participants?

|  |
| --- |
| Yes  No |

**M2.** If yes, give details of how it will be done. Give details of any steps to provide information *(in addition to a written information sheet, e.g., videos, interactive material)*

If you are not obtaining informed consent, you will need to justify this here.

|  |
| --- |
| Click or tap here to enter text. |

**M3.** If participants are to be recruited from potentially vulnerable groups, give details of extra steps taken to ensure their protection. If somebody else will give informed consent on the participants’ behalf, describe the procedure.

|  |
| --- |
| Click or tap here to enter text. |

**M4.** Will research participants be provided with a copy of the Information Sheet?

|  |
| --- |
| Yes  No |

**M5.** If not, explain why not

|  |
| --- |
| Click or tap here to enter text. |

**M6.** Describe whether participants can withdraw from the study and up to what point (*e.g. if data is to be anonymized*). If the withdrawal is not possible, explain why not.

*Any limits to withdrawal, e.g., once the results have been written up or published, should be made clear to participants in advance, preferably by specifying a date after which withdrawal would not be possible. Ensure that the information provided to participants (e.g., information sheets and consent forms) is consistent with the answer.*

|  |
| --- |
| Click or tap here to enter text. |

**M7.** How much time will be given to the participants to decide whether they would participate in the research?

(*It may be appropriate to recruit participants on the spot for low-risk research; however, consideration is usually necessary for riskier projects*.)

|  |
| --- |
| Click or tap here to enter text. |

**M8.** What procedures have been arranged for the participants who might have difficulties understanding verbal explanations or written information or who have particular communication needs that should be taken into account to facilitate their involvement in the research?

*(Different populations will have different information needs, different communication abilities and different levels of understanding of the research topic. Reasonable efforts should be made to include potential participants who could otherwise be prevented from participating due to disabilities or language barriers.)*

|  |
| --- |
| Click or tap here to enter text. |

**M9.** Does this study involve using any human participant data without individual consent?

|  |
| --- |
| Yes  No |

**M10.** If yes, justify using such data and describe how using such data does not breach the ethical principles of research**.**

|  |
| --- |
| Click or tap here to enter text. |

# Will any topic or issue be discussed that might be sensitive, embarrassing, or upsetting? Could criminal or other disclosures requiring action occur during the study (e.g., during interviews or group discussions)?

*(The information sheet should explain under what circumstances action may be taken.)*

|  |  |
| --- | --- |
| Yes  No | If yes, then specify here. |

# Will individual research participants receive any payments, fees, reimbursement of expenses, or any other incentives or benefits for taking part in this research?

|  |  |
| --- | --- |
| Yes  No | If yes, then specify here. |

# Risks to the researchers

|  |  |
| --- | --- |
| Does the research involve any risks to the researchers themselves, or people not directly involved in the research? *E.g., lone working, working in humanitarian crises or disaster-prone areas*. | Yes  No |
| If yes, please describe and steps taken to mitigate such risks | Click or tap here to enter text. |

# Explain what measures will be put in place to protect personal data. *E.g., anonymisation procedures, secure storage and coding of data. Any potential for re-identification should be made clear to participants in advance*

*(Please note that research data which appears in reports or other publications is not confidential, even if it is fully anonymised.)*

|  |
| --- |
| Click or tap here to enter text. |

# Data storage

**R1.**

|  |  |  |
| --- | --- | --- |
| What kind of data will you collect? | Identifiable data | Non-identifiable data |

*N.B. Identifiable data: Identifiable data is any information (personal or indirect) that can link a participant to a research study. Ex. full name, face, home address, street address, email address, Personal telephone number, ID number, passport number, vehicle plate number, driver's license number, fingerprints or handwriting, taxpayer identification number, patient identification number, financial account number, or credit card number., etc.*

**R2.**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Identifiable data** | **Non-identifiable data** |
| How and where will you store the data? *(In case of non-identifiable data, describe the anonymization process)* | Click or tap here to enter text. | Click or tap here to enter text. |
| For how long will you store the data after study completion? [[1]](#footnote-1) | Click or tap here to enter text. | 10 years |
| Explain if the length is more or less than 10 years | Click or tap here to enter text. | Click or tap here to enter text. |
| Will you make the data available to others? If yes, explain how. | Click or tap here to enter text. | Click or tap here to enter text. |

# Will the research involve any of the following activities at any stage? (*Including the identification of potential research participants)*

|  |  |
| --- | --- |
| Examination of personal records by those who would not normally have access | Yes  No |
| Access to research data on individuals by people from outside the research team | Yes  No |
| If yes, please specify with whom |  |
| Electronic surveys | Yes  No |
| If yes, then please specify survey tool: | Click or tap here to enter text. |
| Other electronic transfer of data | Yes  No |
| Use of personal addresses, postcodes, faxes, e-mails or telephone numbers | Yes  No |
| Use of audio/visual recording devices (NB this should usually be mentioned in the information for participants) | Yes  No |
| FLASH memory or other portable storage devices | Yes  No |
| Storage of personal data on, or including, any of these | University approved cloud computing services  Other cloud computing services  Manual files  Private company computers  Laptop computers  Home or other personal computers (not recommended) |

# Where do you intend to share the research data?

|  |  |
| --- | --- |
| Sharing data outside Bangladesh | Yes  No |
| Sharing data with other organizations | Yes  No |
| Publication of direct quotations from respondents | Yes  No |
| Submitting to a journal to support a publication | Yes  No |
| Depositing in a self-archiving system, an institutional repository, specialist data centre and archive | Yes  No |
| Informal peer-to-peer exchange | Yes  No |

# Potential identification of participants

|  |  |
| --- | --- |
| Publication of data that might allow identification of individuals to be identified | Yes  No |
| If yes, how and with whom, justify why it is necessary? | Click or tap here to enter text. |
| What steps are you considering to mitigate any possible risk to the participants? | Click or tap here to enter text. |

# Taking photos/videos (not for data collection purposes)

|  |  |
| --- | --- |
| Do you want to take photos/videos for any other purpose rather than data collection purpose? | Yes  No |
| If yes, please mention the purpose | Click or tap here to enter text. |
| What types of photos/ videos? Please elaborate photos of what/whom | Click or tap here to enter text. |
| Will faces be visible? | Yes  No |

# How do you intend to report and disseminate the study results?

|  |  |
| --- | --- |
| Seminar/conference presentation | Yes  No |
| Peer-reviewed journals | Yes  No |
| Publication as an eThesis in the Institutional repository | Yes  No |
| Publication on website | Yes  No |
| Other publications or report, policy brief, research brief | Yes  No |
| please specify: | Click or tap here to enter text. |
| Submission to regulatory authorities | Yes  No |
| Dissemination via a project or institutional website | Yes  No |
| Seminar, Conference | Yes  No |
| Social media (Twitter, Facebook, etc.) | Yes  No |
| Blog | Yes  No |
| Other, please state | Click or tap here to enter text. |
| No plans to report or disseminate the results | Yes  No |

# Conflicts of Interest

|  |  |
| --- | --- |
| Is there scope for any conflict of interest? *(For example, could the research findings affect any ongoing relationship between any of the individuals or organizations involved and the researcher(s)? Will the research funder have control of the publication of research findings?* | Yes  No |
| If yes, please describe this potential conflict of interest, and outline what measures will be taken to address any ethical issues that might arise from the research. | Click or tap here to enter text. |

# Funding

|  |  |
| --- | --- |
| Total budget (in USD) | Click or tap here to enter text. |
| Funded by | Click or tap here to enter text. |

# Fee Waiver Application (For students only, on condition)

*The acceptance of the waiver application will depend on the funding of the study. IRB Chairpersons are the decision-making authority. They will decide whether the study will receive the waiver or not.*

|  |  |
| --- | --- |
| Apply for waiver | Yes  No |
| If yes, then give a justification. | Click or tap here to enter text. |

# Declaration by Principal Investigators

1. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.
2. I undertake to abide by the BRAC James P Grant School of Public Health's policies, and the ethical principles underlying good practice guidelines appropriate to my discipline.
3. If the research is approved, I undertake to adhere to the study protocol, the terms of this application and any conditions set out by the IRB.
4. I undertake to seek ethical approval from the IRB before implementing substantial amendments to the protocol.
5. I undertake to submit progress reports if required.
6. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to the security and confidentiality of patient or other personal data.
7. I understand that research records/ data may be subject to inspection for audit purposes if required in the future should the IRB choose to audit this project at any point after approval.
8. I understand that personal data about me as a researcher in this application will be held by the relevant IRB.

|  |  |
| --- | --- |
| Sharing information for training purposes: Optional – please tick as appropriate: | I would be content for members of the IRB to have access to the information in the application in confidence for training purposes. All personal identifiers and references to researchers, funders and research units would be removed. |
| Signature of Principal Investigator | Date: Click here to enter a date. |
| Signature of Country Lead (if different from the PI) | Date: Click here to enter a date. |
| Signature of Co-Investigator from BRAC JPGSPH, if the other investigators are adjunct faculties and outside of BRAC JPGSPH (*Applicable only for BRAC JPGSPH*) | Date: Click here to enter a date. |
| Approved by,    Signature of the Center/Department/Institute Head | Date: Click here to enter a date. |

**Reference**

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| Click or tap here to enter text. |

**Appendix**

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| *All of the following documents must be submitted. Please tick the checkbox to indicate that all these documents are attached to this application***.**  Ethics training certificate of all investigators  Tools in English  Tools in Bangla  Consent form in English  Consent form in Bangla  Information sheet in English  Information sheet in Bangla  Other documents  Please specify the other documents Click or tap here to enter text. |

1. According to the IRB, BRAC JPGSPH, BRAC University policy data, especially those with an acknowledged long-term research value, will be stored for 10 years after the end of the project. [↑](#footnote-ref-1)