

A P P E N D I X II

Investigator Application Form

1. Name of Researcher: _____

2. Name of Institution/Department: _____

3. Address of Researcher: _____

a. e-mail: _____

b. Phone number: _____

c. Fax number: _____

4. Name(s) of Co-Investigator(s) _____

5. Grade of Protocol

MD MS PhD Other

Domestic

Multicentre within Egypt

International

6. Title of the research _____

7. Type of research (check all that apply):

Drug trial:	<input type="checkbox"/>	Survey Study:	<input type="checkbox"/>
Surgical Techniques:	<input type="checkbox"/>	Blood sampling:	<input type="checkbox"/>
Invasive Techniques:	<input type="checkbox"/>	Review of records:	<input type="checkbox"/>
Devise Study:	<input type="checkbox"/>		

8. Subjects of research:

Children (< 18 years)
Adults (≥ 18 years)
Vulnerable groups: Yes: No:

If yes, please describe: _____

9. Request is being made to waive informed consent: Yes: No:

If yes, please explain why: _____

10. The research is for the good of society: Yes: No:

11. Study Design (check all that apply):

a. Phase Type: I: II: III: IV:
b. Randomization: Yes: No:
c. Placebo: Yes: No:
d. Genetic sampling Yes: No:
e. Other _____

12. Facilities for the research are available: Yes: No:

13. List the risks of the study: _____

14. List the potential benefits, if any, to the subjects: _____

15. The risks are reasonable to the potential direct benefits to the subjects, if any, or to the knowledge to be gained: Yes: No:

16. Privacy and confidentiality of subjects are assured Yes: No:

17. It is clearly stated that the subject of the research could quit at anytime without penalty or loss of any benefits to which they would otherwise be entitled: Yes: No:

18. Informed consent form is attached Yes: No:

SIGNATURE OF PRINCIPAL INVESTIGATOR

DATE