**To**

**The Convener, IEC-SIBAR,**

**Takkellapadu, Guntur.**

**Project Title:**

**Department of:**
 Sibar Institute of Dental Sciences, Guntur.

Purpose of the study:-Dissertation / Thesis / Scientific Paper / Short Term Studies (STS)

**Principal Investigator**

Name :

Affiliation : UG/PG/Faculty SIDS

Email :

Mobile .No :

**Guide**Name :

Affiliation :

Email : Mobile No.:

**Co-Guide**Name :

Affiliation :

Email : Mobile No.:

Duration of the study :

Sponsors (if any with details) :

Approval from any other ethics / regulatory committee (if required) :

**We shall follow the Good Clinical Practice guidelines and the approved protocol in conducting the research project. Further, we declare that any sort of inclusion of text or pictorial material which amounts to plagiarism will be avoided. In case of any serious adverse events, I/We shall bring it to the notice of IEC-SIBAR**

**Signature of the Investigator(s) Signature of the Co-Investigator(s)**

**The proposal has been verified as per the requirement mentioned in the information broacher and forwarded to the IEC-sibarfor approval. Synopsis of the project, Informed consent form, Case record form and Study flow chart are enclosed.**

 **Signature of the HOD**

 (With full name and rubber stamp)

***(For IEC office use)***Proposal No. Date:

**SYNOPSIS OF THE PROPOSAL**

**Title:**

**Principal Investigator:**

**Department of**
Sibar Institute of Dental Sciences, Guntur

**Introduction:**

**Review of Literature:**

**Aims and Objectives:**

**Materials &Methods:**

**Potential Risks and Benefits:**

**Statistical analysis:**

**Reference:**

**Study Flow Chart**

**Title:**

**Principal Investigator:**

**Department of**
 Sibar Institute of Dental Sciences, Guntur

**INFORMED CONSENT FORM (ICF)**

**Confidential**

**ID No. \_\_\_\_\_\_\_\_\_\_**

**Title:**

**Principal Investigator:**

**Department of**
 Sibar Institute of Dental Sciences, Guntur

**Name: Gender: Age:**

**Address:**

Having been informed about the aim, objectives and the procedure of the said research project, I am agreeing to reveal information required for the research and allowing the investigator and his team to utilize my blood and CSF sample for the same purpose without disclosing my identity. I also understand that the participation is completely voluntary and I can withdraw myself from the study anytime without assigning any reason and this will not affect my ongoing and future treatment.

నాకు పరిశోధన యొక్క లక్ష్యం మరియు విధి విధానములన్నిటి గురించి పరిశోధన బృందంచే విశదీకరిండం అయింది.  వారికి కావలసిన సమాచారము స్వచ్చందంగా తెలియజేయుచున్నాను. నా వ్యక్తిగత వివరములు బయటపెట్టకుండా నేను ఇచ్చిన సమాచారము, నా శరీరము నుండి మస్తిష్కమేరుద్రవమ మరియురక్తంపరిశోధన నిమిత్తం ఉపయోగించుటకు నేను మనస్పూర్తిగా అంగీకరిస్తున్నాను. ఇందులో నాపై ఎవరి వత్తిడి లేదు. అంతేగాకుండా నేను ఏ కారణము చేతనైనను ఎప్పుడైనను ఈ పరిశోధన నుండి వైదొలగే అవకాశం కూడా నాకు కలదు.  నేను పూర్తి తెలివితో స్వచ్చందంగా ఈ అంగీకారము తెలుపుచున్నాను.

 **Signature of Witness                                                       Signature of the Participant**

      సాక్షి సంతకం      పాల్గొన్నవారి సంతకం

**CASE RECORD FORM (CRF)**

**ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:**

**Principal Investigator:**

**Department of**
 Sibar Institute of Dental Sciences, Guntur

Design the rest of the form as per your plan of study to include all the necessary data for your project keeping the following points in mind.

It must be brief and tailor made

**Signature of Person Collecting Data**

Guidelines TO FILL THE APPLICAION FORM

The application form is to be neatly typed with Times New Roman, 12 font size. The original is to be signed in each page by the investigator and properly numbered for page as shown.

Original and 9 copies of filled proposal forms are to be submitted to Dr. B.V. Ramana Reddy soft copy of the proposal in **word format** to be mailed to iec.sibar@gmail.com

**Synopsis**

Introduction : *Briefly introduce the topic with its importance.*

Review of literature: *National status, International status, Why this work is important*

Aims and Objectives: *Hypothesis, Aim of the proposal, Specific objectives.*

Materials & Methods:*Subjects (Sources), Sample size / duration, Inclusion and exclusion criteria point wise. Procedures to be followed in the study (with references)*

Potential risks and benefits: *Mention the potential risks in the study and the probable benefits of the study.*

Statistical analysis:*Outline the parameter to be studied. Mention the type of data to be collected. Exact statistical tests to be employed for analysis.Mention the level of significance.*

Reference :*Papers already cited in Review and Methods in Vancouver style.*

**Study Flow Chart**

How the work is planned to be executed. Which should include -Recruitment of the subject and Enrollment - Selection of patients as per the inclusion-exclusion criteria - Making study groups - Study Procedures - Data collection - Statistical analysis – Conclusion (Expected outcome). Recruitment and enrollment of patient or volunteer require advertisement and payment.Is it true for your study? If not omit these points.

**Informed Consent Form**

The IFC form may contain all the information like: Mob. No.; address of the patient; Bed No.; IP or OP No.; Admission date; Medico legal Case No and other details of the patient but required for the study; as it is confidential.

The meaning of English and Telugu version of consent form must be same.

The IFC form can be modified to suit your objective.

**Case Record Form**

Must be designed and structured to suit your study.

Must record information only related to the objectives of the study.

No disclosure of participant’s detail which may lead to disclosure of identity.Instead of address you may think of- Urban/ rural/ Semi-urban.